CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

7 December 1996

PSNI to develop 2020 vision

Script fee still at 94.6p as PSNC lists changes

£1m primary care fraud 'tip of the iceberg'

Update: coping with the distress of IBS

Educating the nation: a healthy challenge

Rural pharmacies to gain from rate relief?

January deadline set for Lloyds' bidders

Online at http://www.dotpharmacy.com/

Setlers is taking off in a NEW direction with the launch of NEW Setlers Wind-eze. Wind is a common problem and while traditional antacids are not designed specifically for trapped and painful wind, NEW Setlers Wind-eze *is*. It's a chewable tablet that is specially formulated to gently disperse trapped wind without embarrassment. And by the look on Alan's face, it's certainly brought him express relief! Over the coming year Stafford-Miller will be giving extensive support to NEW Setlers Wind-eze, including national TV advertising, to highlight that New Setlers Wind-eze could be the relief your customers are looking for. So help your customers suffering from trapped wind make the right choice by recommending NEW Setlers Wind-eze to bring express relief.

Express relief from the pain of trapped wind.

Product Information. SETLERS WIND-EZE Presentation: Setlers Wind-eze, Simethicone USP 125mg in a white tablet. **Dosage and administration:** 1-2 tablets to be chewed before swallowing, 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. **Uses:** Antiflatulent defoaming agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal distention and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients. Do not use for longer than 14 days. Seek medical advice if symptoms persist or worsen. **Legal category:** GSL. **Cost inclusive of VAT:** £1.55 (10's) £2.99 (30's) **Product licence number:** PL 0036/0084 **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation** July 1996.

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COMMENT

Is the end in sight for the long-running contest for Lloyds Chemists? On Monday, the last day possible under the takeover rules, Gehe posted its offer document to Lloyds' shareholders, thereby confirming that the final closing date for offers from existing bidders is 60 days hence on January 31. Both Gehe and AAH have until January 17 to revise their offers, and there is a widespread expectation that an increased offer will be made. Assuming no further complications arise, it will be almost a year to the day since Unichem opened the bidding before the final buyer of Lloyds is known.

Who will win is still anyone's guess. Unichem has made all the running. Gehe's tactic has been to try and highlight the uncertain value of Unichem's shares, since its renewed offer (made on October 18) consists, by value, of just over 80 per cent in shares. Earlier this week, with the share price at 249.5p, Unichem's offer valued Lloyds at £658.5 million. Gehe's cash bid of 500p a share is worth £650m. The fact that Unichem has only received acceptances covering some 0.4 per cent of Lloyds' shares indicates this battle will be fought to the last.

The aftermath will herald a significant shift in perceptions in the pharmacy market. Will the winning company still see the interests of its independent customers as paramount? The pharmacy chains that AAH and Unichem have built up are already a cause of unease with many independents who use one or the other as a main wholesaler. And what of the wholesale depots being spun off as required by the Monopolies Commission? Two parties have publicly signalled an interest. It is difficult to put a value on what the business from these depots might be worth, but some significant re-alignments may start to emerge in the wholesale sector in 1997.

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REGULARS

PSNI seeks 2020 vision

The Pharmaceutical Society in Northern Ireland is developing a strategy for the future, akin to the 'Pharmacy in a New Age' initiative in Great Britain.

The PSNI Council has agreed in principle to the proposal and over the next couple of months will be setting some basic objectives to put to pharmacists in the province in a consultation exercise planned for the spring.

The PSNI hopes that the strategy that emerges will provide the profession with a focus until at least 2020. The Society is keen to emphasise that it is writing its own agenda, and may not reach the same conclusions as the PIANA initiative launched by the Royal Pharmaceutical Society.

"Council decided unanimously to proceed with developing a strategy," PSNI president Dorothy Graham told *C&D*, "but we will not take it to pharmacists until we get the basic content right."

Proposals from a working group will be presented to Council at its next meeting on December 12. Once the strategy is defined, it is the Council's intention to launch it at a president's evening, and then hold a series of meetings throughout the province, hopefully starting in March.

Ms Graham stresses that, although the strategy's objectives will be set by Council, nothing is written in stone, and feedback and opinions from pharmacists will be wanted.

"Once the consultation exercise is complete, the PSNI intends to put together a document that will form the profession's view of the future. This will be the basis for Council activities for the next ten to 20 years, although, clearly, as with all planning procedures, it will be subject to regular reviews."

Ms Graham says there are legal, cultural and remunerative constraints on the role of the pharmacist and these will need to be addressed, but she stresses: "Clearly, medicines' use will be fundamental to whatever the pharmacist does."

Third primary care White Paper on the way?

Health secretary Stephen Dorrell says that there will be another White Paper on primary care.

A Department of Health official says that it is expected this month. "The various consultation processes this year have highlighted a number of areas. Some have been dealt with in the current legislation. Others will be dealt with in this White Paper."

The Paper is expected to set out proposals for greater co-operation between health professionals which do not require legislation, including better use of IT.

The announcement was made last Thursday. This latest White Paper follows one in October allowing health authorities more flexibility in purchasing primary care services. A second White Paper, outlining the future of the NHS, was published last month.

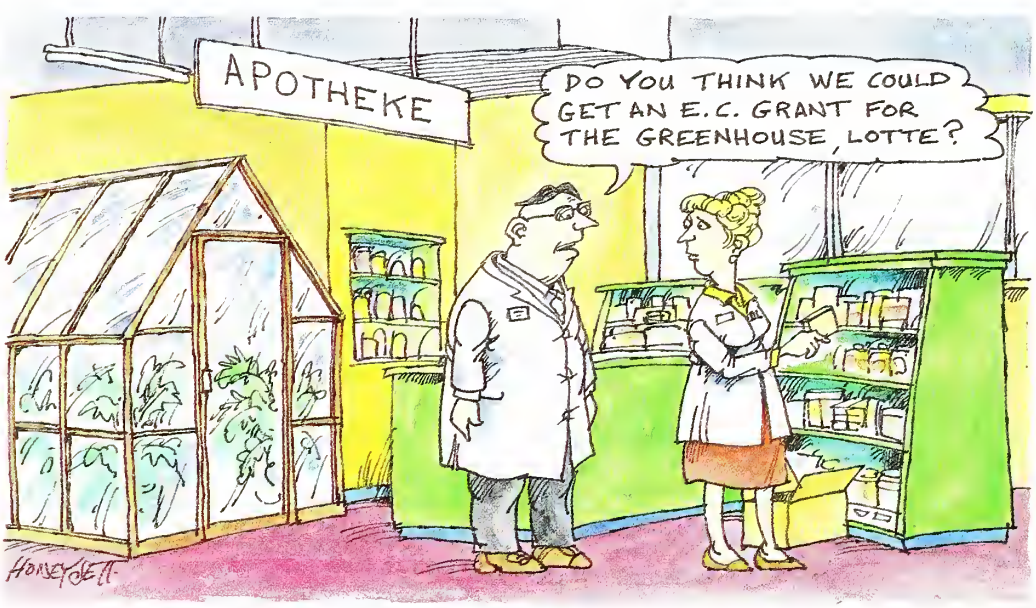
German pharmacists opposed to OTC cannabis

A pilot scheme to make cannabis available over the counter in pharmacies has been approved by a federal government in Germany. However, the move is expected to be overturned by the national government.

Schleswig-Holstein is claiming to be acting on the instructions of Germany's supreme court. This ruled in 1994 that regional governments should seek new ways to combat hard drugs, said a report in the *Independent* last week.

Dr Hartmut Morck of the *Pharmazeutische Zeitung* says that pharmacists are opposed to the move. They fear that they may be perceived as new 'dealers'.

● A survey for the *Sunday Times* has found that 16 out of 45 judges think possession of soft drugs, such as cannabis, should not be a criminal offence. Arguments supporting this were that "soft drugs are not physically addictive and that there was little evidence to show they led to harder drugs". Lord McClusky, a Scottish law lord, is quoted as saying: "It is time we had a proper and sensible public debate about decriminalising soft drugs."



Judge sides with Humberside FHSA

Last Friday, a High Court judge refused to issue an order which would have meant the closure of a new pharmacy in Hull.

The judge, Mr Moriarty QC, said he found "no validity" in any of the arguments put forward by Selles Dispensing Chemists, a Unichem subsidiary.

The company had asked for an order quashing the decision of the Humberside Family Health Services Authority to allow the new pharmacy in Orchard Park, Hull (*C&D* November 23, p725).

Selles was challenging the original decision by the FHSA to grant permission to Jane Parker, the new pharmacy's owner, for it to be included on their official list.

Selles complained that the FHSA deviated from its own rules and regulations, which require consideration to be given to existing pharmacies when a new application for inclusion on the list is made.

Mr Moriarty, however, firmly rejected this argument, and commented that it was clear that the FHSA had not misdirected itself in law. He was confident that the Appeal Authority's judgment was not founded on "irrelevant" matters and therefore was not unlawful, he added.

Mr Moriarty said that there had been no apparent error in law and the application must be dismissed. Awarding costs to the FHSA, he granted leave to appeal.

SB's Pameton sales to pharmacy discontinued

Smithkline Beecham has discontinued sales to pharmacy of Pameton, its paracetamol/methionine combination.

There is increasing evidence linking routine excess dietary methionine to a range of clinical problems. Although the relevance of this to Pameton has not been confirmed, SB commissioned a full review, which concluded that the combination had no benefits over para-cetamol alone and might have adverse effects in pregnancy and in people with heart or liver disease.

Pameton will be available direct from the company to individuals or institutions. Pharmacists wishing to return stock should phone 0181 560 5151.

Keith Jones, SB's chief executive, wrote to *The Times* on Monday, saying there was no reason why people who use paracetamol in the recommended doses should switch to an alternative analgesic, and that it had an excellent safety record.

Fees concern in Scotland

Pharmacy contractors in Scotland are protesting at the reduction in instalment dispensing fees introduced on December 1 (*C&D* November 9, p648).

Fees for repeat instalments have fallen to 22p. The 88p fee is only paid for the first dispensing, although this used to be paid for all instalments prior to December 1.

The Scottish Office felt that serial dispensing was being driven by pharmacists, a view that the Scottish Pharmaceutical General Council totally disagrees with.

SPGC chairman Andrew Taylor says that pharmacists should encourage the users of the dosette system, whether it be patients, carers or GPs, to lobby the Scottish Office to point out how much they value the system. Mr Taylor hopes that the Scottish Office will recognise that such a service is needed in the community.

Dealings with registered addicts has been a particular concern for Lothian pharmacists. They are unhappy with the level of intimidation that has been shown towards them and feel that the 22p repeat fee is not justifiable. "The 22p fee won't even cover the cost of a first class stamp," says Lothian Area Pharmaceutical Committee chairman John Taylor.

He is aware that many pharmacists would like to withdraw from the service, but cannot because of ethical and legal obligations. The Scottish Pharmaceutical General Council cannot condone such action and has advised contractors that they may be in breach of their Terms of Service if they refuse to take on new patients.

"We have had a public meeting and a document is being sent to contractors explaining the situation and what they can do," comments Mr Taylor. The letter was due to be sent out this week.

The SPGC chairman says the 22p fee will remain until the end of March, but will be reviewed in the light of the level of lobbying and how the remuneration structure has been operating.

Gone fishing: Salmon retires

Ron Salmon, *Chemist & Druggist's* publisher for the past decade, is retiring at the end of December after 34 years on the title.

Last week, journalist colleagues – many of whom had worked with him at *C&D* – wished him well at a private dinner at the Royal Pharmaceutical Society.

Ron joined the magazine in 1962 as a trainee journalist, and became a familiar figure at pharmacy gatherings up and down the country in the years that followed.

In January, 1970, he was appointed deputy editor. In 1982, he was promoted to editor/publisher, and publisher in 1984.

To mark his retirement he was presented with three antique drug jars (salmon pink, of course) and a case of port.

Editors past and present at Ron Salmon's retirement dinner (left to right): John Skelton, *C&D's* editor, 1984 to 1995, and now associate publisher; *C&D's* present editor, Patrick Grice; Ron Salmon; Robert Blyth, who was on *C&D* before becoming editor of the *Pharmaceutical Journal*; and his successor and the current editor, Doug Simpson

PSNC settles the details for 1996

The Pharmaceutical Services Negotiating Committee has finalised the detailed fee changes to distribute the 3.13 per cent increase in the global sum for 1996-97 (*C&D* November 23, p721).

The fee changes are effective from January 1, except for the professional allowance. They are:

- **dispensing fee** – unchanged at 94.6p per prescription
- **professional allowance** – £755 at 1,100 prescriptions (unchanged) rising to 125p (previously 117p) per prescription to £1,380 at 1,600 prescriptions (an extra £40 per month). This is backdated to April 1, and will be paid as a lump sum on March 1. Ongoing payments start with January prescriptions. There is no change to the qualifying criteria
- **additional professional fees** – 2A to 2E, 2G, 2I and 3 unchanged; 2F from January 1 becomes: Schedule II CDs – 128p per prescription; Schedule III CDs – 43p per prescription, including temazepam; 2H fees remain unchanged at 10p, but additional products will be added from January from a list approved by PSNC
- **non-core fees** – payments for oxygen, rota and advice to homes are all devolved. The monthly pre-registration training grant payment is increased 3 per cent from January 1 to £4,740
- **Essential Small Pharmacy Scheme** – annual target payment £34,650 (up from £33,600).

The maximum monthly payment is £2,380 (previously £2,290). The upper limit increases to 18,636 prescriptions.

The payment of the global sum is set out in Table 1. There is a 3.4 per cent increase in core income.

Table 2 sets out the core income. PSNC has set out to give equal percentage increases in core income across all groups.

The threshold and the graduated professional allowance mean that contractors from 1,100 to 1,850 prescriptions per month have an increase just above 3.4 per cent. All contractors above 1,850 prescriptions per month have been given a 3.1 per cent increase provided they achieve the 3 per cent national volume increase.

Table 1: global sum payouts

	1995/96 Out-turn £M	1996/96 Forecast £M	% Change
Dispensing fee	467.5	450.7	
Professional allowance	128.5	164.8	
Period of treatment fee	16.5	17.0	
Other fees	24.5	25.9	
Expensive prescription allowance	6.3	6.6	
ESPS	3.5	3.6	
Total core	**646.8**	**668.6**	**+3.4**
Oxygen	11.5	11.8	
Rota	4.3	4.1	
PRTG	3.3	3.3	
Residential homes	4.6	4.7	
Nursing homes	0.8	1.3	
PMR	2.1	–	
Total non-core	**26.6**	**25.2**	**-5.3**
Underpayment re 1995/96	1.1	(1.1)	
Underpaid in 1994/95	(2.8)	–	
Global sums	**671.7**	**692.7**	**+3.13**

Table 2: core income changes

Group	Monthly Rx 1995/96	Average monthly core income 1995/96 (£)	Monthly Rx 1996/97 (+3%)	Average monthly core income 1996/97 (£)	% change
0	950	1,102	979	1,002	-9.1
1	1,115	1,920	1,148	1,990	+3.6
2	2,259	3,639	2,327	3,761	+3.4
3	3,331	4,730	3,431	4,891	+3.4
4	4,580	6,002	4,717	6,207	+3.4
5	6,379	7,833	6,570	8,103	+3.4
6	10,032	11,556	10,333	11,954	+3.4

BMA considering appeal on 'loophole'

The British Medical Association's General Medical Services Committee is to discuss at its meeting on December 19 whether to appeal against last week's High Court judgment in favour of rural pharmacists (*C&D* November 30, p761).

Lord Justice Schiemann ruled that health authorities were not obliged to consider the impact on GPs' revenue or the service they provided when deciding whether or not to grant leave for a pharmacy to open.

All they had to do was to decide whether pharmacies were necessary and desirable to the efficient dispensing of drugs in a given area, and the doctors' positions were irrelevant.

GP practices in Holme-upon-Spalding Moor, East Yorkshire, and Madeley, Staffordshire, had argued that their practices might become unviable if pharmacies opened nearby.

Michael Beloff, QC for the GPs, had challenged the interpretation of the regulations, which says prejudice to medical services does not have to be taken into account when a pharmacy contractor already on an HA's list applies to open in a rural area.

The judge said the NHS Act 1977 made it clear that doctors would be allowed to dispense drugs only in "exceptional circumstances" and that the prime suppliers of medicines should be pharmacists.

He rejected the GPs' claim that a provision denying rural doctors the right to argue against a new contract application from a listed pharmacist had been inserted in the regulations by mistake.

The Pharmaceutical Services Negotiating Committee's secretary, Stephen Axon, said this week: "We have said all along that the regulations were clearly written. It was GPs who claimed there was a loophole."

PSNC is trying to resolve the situation in market towns, where pharmacies are already providing a full service, but doctors not in controlled localities are applying to dispense for rural patients.

Rajesh Morjaria, who recently opened Millers Chemists in Madeley after a three-year battle, said this week he was "absolutely over the moon" about the decision.

He felt sorry for the GPs but their dispensing service was "in no way" comparable with the full pharmaceutical service he could offer.

The pharmacists hoping to open in Holme-upon-Spalding Moor are John Crump, who runs the Bridlington branch of Kingston Pharmacies, and his partner Paul Watson, who works in Hull.

Primary care fraud highlighted

Fraud in the NHS primary care sector has been highlighted in the latest Audit Commission survey published this week.

Primary care services accounted for £1 million of detected fraud in 1995-96, four times that in the year before. However, this includes fraud committed by patients.

The survey follows the Audit Commission's December, 1994, report, 'Protecting the public purse: ensuring probity in the NHS'. The 1996 update takes into account fraud detected in the year up to March 31.

The report comes the week after the Department of Health announced it was to commence an efficiency scrutiny on prescription fraud (*C&D* November 30, p764).

In total, the survey says that the amount of detected fraud in the NHS doubled in 1995-96 to £1.4m (compared to £0.75m in 1994-95). However, the number of detected cases fell to 279 in 1995-96, compared to 350 the previous year.

The Commission believes that, although the level of detected fraud increased, it still remains the tip of the iceberg. Only 29 cases account for the £1m of fraud in primary care.

Primary care services are thought to be most at risk because of the insecurity of unnumbered blank prescription forms, and the ease with which genuine prescriptions can be altered. The NHS Executive estimates prescription fraud to cost between £30m and £60m a year.

The Commission adds that the potential for large fraud exists where there is deliberate collusion between GPs and pharmacists. "In addition, fraud is considerably increased in rural practices where GPs run a dispensary," it continues.

Examples of fraud given in the survey include:

- a pharmacist qualifying for £9,000 allowance over 16 months by pooling the prescriptions from two small pharmacies to represent a larger outlet
- a GP in a rural area issuing bogus scripts to a residential home, worth £700,000 over five years
- a GP and a pharmacist with three pharmacies conspiring over many years to provide and claim for bogus prescriptions.

N Ireland GPs over-bid for pharmacists

The Eastern Health Board in Northern Ireland has had several bids from GPs wishing to employ pharmacists in their practices.

The pharmacists would work full- or part-time, advising on prescribing, and would be paid by the doctors from Cash Limited Funds for general practice. The final date for bids, which had to come from GPs and not pharmacists, was November 30.

The Board's medical adviser, Colin Fitzpatrick, told *C&D* that about 15-20 bids had been received for a variety of short-term projects.

As there was some over-bidding, the Board would have to set priorities and make decisions based on the quality of the proposals. He was unable to say at this stage how much money would be available, but a "significant" amount of general practice development funding would be devoted to pharmacy projects.

Martin Kerr, the proprietor at McMullan's in Belfast, has set up a company with another community pharmacist, Sarah Mawhinney, which aims to facilitate pharmacists working in doctors' practices. The company, Pharmcare, helped some of the GPs to formulate their proposals.

Legal costs force increase in NPA subs

Compensation claims against pharmacy owners have risen sharply over the last 12 months, according to the Chemist Defence Association.

The cost of settling these claims has meant a rise in subscriptions, the National Pharmaceutical Association Board heard last week. NPA subscriptions next year are set to rise £35 to £381. The bulk of the increase comes from a £25 increase in CDA premiums.

Refrigerated lines The NPA is warning members to be careful when ordering refrigerated products in the light of the British Association of Pharmaceutical Wholesalers' policy on these products.

Wholesalers will only accept returns of products which require refrigeration where there has been an error in supply. In such cases, the goods must be returned within one working day and must have been stored in a refrigerator.

Pharmacy planning Pharmacists seeking the help of the NPA's planning department are to be encouraged to make use of a new 'full project' service.

This 'all-in' service guarantees the department's involvement at every stage, from initial assessment through to final checking. It enables the department to have a closer control of contracts, and represents better value for money for members, claims the NPA.

Registration fees Following NPA opposition, the proposed increases in pharmacy registration, retention and penalty fees have been cut back to 3.2 per cent, 2.5 per cent and 3.1 per cent respectively.

MCA consultations Plans to involve pharmacists in reporting suspected adverse drug reactions have been welcomed. The Board also supported proposals to allow pharmacists to keep records of private scripts on computer, microfilm or microfile.

Pharmacists must still keep records for two years and there was concern about their ability to produce records for inspection should the technology fail.

Survey on manpower problem welcomed

The Royal Pharmaceutical Society's intention to conduct a survey among recently-registered pharmacists to identify their employment situation and future job aspirations has been welcomed by National Pharmaceutical Association.

At a recent meeting on the manpower crisis with the NPA, the Company Chemists Association and the Pharmaceutical Services Negotiating Committee, the Society restated its belief that the 500-plus new graduates joining the Register each year should be enough to meet demand.

The NPA and the CCA are to collect more information about likely future demand for pharmacists, where new recruits are going and what their future job plans are, which might help to clarify the picture.

N IRELAND NOTEBOOK

Payment for services rendered – or is it?

Last month, a local doctor telephoned me and asked if I would be interested in providing prescribing advice to his practice for which, he hesitantly added, there might be some payment.

I was both surprised and delighted. Surprised, as 12 months previously I had offered my services but was rejected. Delighted, as I might at last be getting involved in an area I have been interested in for some time.

As the conversation progressed, I discovered that money was being made available by the health board for cost-effective prescribing initiatives. The GP was not too sure what might be involved, or even whether he was really interested. I assured him of my support, but at that point contact was lost in spite of two follow-up phone calls.

The board clearly sees the benefit of pharmacists giving prescribing advice to GPs, and that is good news. I, like most pharmacists, have little professional contact with doctors and perhaps this might be the start of something ...

> **Funding for an extended role is being channelled so as to by-pass contractors**

One month later I received a short, ambiguous letter from the director of pharmaceutical services. It said that money was available, stressed that proposals must come from GPs and not from pharmacists, and that the letter was for information only., It arrived four days before the deadline for proposal submissions.

We are moving rapidly towards getting payment for providing advice to GPs. For years it is something we have been arguing for.

It all seems very exciting, but I'm sure that the point will not be missed by contractors, and particularly by the Pharmaceutical Contractors Committee. Additional funding for pharmacy's extended role is being channelled so as to by-pass contractors and is being provided to doctors.

If this is setting the trend for a future agenda, we all need to wake up quickly and take action.

Written by a practising Northern Ireland community pharmacist.

Topical Reflections

Looking forward to training

Over the past few years, I have been bombarded with an ever-increasing volume of material encouraging me to undertake continuing education courses. So far, most of these courses have been academically- or professionally-orientated, and, despite my enthusiasm, there are only so many hours in the day. Consequently, much of the material has been put aside to be used in less stressful times.

However, the new Certificate in Community Pharmacy Management programme, launched last week in both *Chemist & Druggist* and *Community Pharmacy*, is such a departure from the established formats that even I had to take note!

I have often said that I enjoy the stimulation of commerce and am proud to be a retailer, but I feel increasingly isolated and impotent when competing with the obvious marketing efficiencies of my multiple competitors. Miller Freeman Pharmacy Group has identified this as a problem not peculiar to just myself and has produced an exciting package, sponsored by Smithkline Beecham and in conjunction with the Queen's University of Belfast, to enable me to improve my management and marketing skills.

I consider the few hundred pounds cost of this course to be a sound investment, not just for me but as an essential for all independent community pharmacists, and am looking forward to working towards my Certificate in Community Pharmacy Management.

However, it will not be just for display. More importantly, it will act as a constant reminder of the new management skills I have learned and will be applying to secure the future commercial and professional success of my business.

Treading carefully ...

I have just been asked by a local chiropodist how much I will charge him for pre-packs of painkillers and antibiotics for supply to his patients.

I was initially a little surprised by this request, but quickly learned that the Medicines Control Agency proposed a few weeks ago that state registered chiropodists should be allowed to supply to their patients a limited range of POM drugs, including flucloxacillin, erythromycin, co-dydramol, amorolfine and topical hydrocortisone.

I am happy to accept that properly-qualified chiropodists should have access to some POM drugs for use by their patients without having to refer them to their doctor, but I do not understand the recommendation that the supply should be made directly to the patient, with the writing of a prescription for dispensing at a pharmacy specifically excluded.

Chiropody is a fledgling profession in the area of POM prescribing, but the principles of separation of professional responsibilities, in the best interests of the patient, between prescribing and dispensing, checking and counselling by a pharmacist, should still hold true.

I can see no reason for this 'supply-only' suggestion, and consider that all pharmacists, and the Royal Pharmaceutical Society in particular, should make urgent and strong representation to the MCA. While we might be happy to accept the recommendation of limited POM prescribing by suitably qualified chiropodists, that supply must be through a legally valid prescription for dispensing by a pharmacist.

A sign of the times

I have often criticised Unichem in the past, and still regret the irreversible change of priorities that flotation caused, but the company's plc status means that it now has to compete in the market place, with shareholders as its principal responsibility.

I would also prefer that it had not decided to enter the shortline wholesale market (*C&D* November 30, p787), but accept that, in the face of the increasing competition, it is inevitable.

I wish that discounts had never started, that shortline wholesaling was not successful and that windfall profits by multiple companies with vertically-integrated distribution could be controlled. But these are all the realities of community pharmacy in the mid-1990s, and whereas I do not necessarily wish Unichem unqualified success in its new venture, I also cannot condemn the company for its actions.

MEDICALmatters

Coffee, children and cholesterol

It has been suggested that drinking coffee during pregnancy can harm the foetus. However, research carried out as St George's Hospital in London, and published in the *British Medical Journal*, concluded that blood caffeine levels during pregnancy are not related to birth weight.

Caffeine metabolism is known to slow during pregnancy, but despite consuming up to 50 per cent more caffeine than non-smokers, the faster caffeine metabolism of smokers means that they have lower blood concentrations. Yet in these women, caffeine intake, as assessed by a questionnaire, was negatively associated with birth weight.

The authors suggest that future studies of this topic should be designed to examine any biological interaction with the effect of cigarette smoking, as well as measurement of blood caffeine and its active metabolites.

In the meantime, the authors say it seems reasonable to advise women who smoke to reduce their caffeine intake, as well as to stop smoking during pregnancy.

● Coffee from a cafetiere and other forms of unfiltered coffee, such as boiled or Turkish coffee, have been found to raise serum cholesterol concentrations in a second study published in the *BMJ*. Drinking filtered coffee or instant coffee does not have this effect, as diterpenes have been removed.

The long-term effects of cafetiere coffee and filtered coffee were compared in a randomised controlled trial. The authors found that drinking five or six cups of strong cafetiere coffee daily affected liver cells, as seen by small increases in serum levels of the liver enzyme alanine aminotransferase and increased low density lipoprotein cholesterol concentrations. These effects did not decrease with prolonged intake of coffee and were still raised after six months of daily intake.

Although the authors admitted that the increase in liver enzyme activity could be harmless, the effect on cholesterol could increase coronary heart disease risk and could be a reason to advise patients to drink filtered rather than cafetiere coffee.

Coping with 'clumsiness'

Dyspraxia, often referred to as 'clumsy child syndrome', can be improved by lipid nutrition, according to researchers at the University of Surrey.

Dyspraxia, a development co-ordination disorder, affects around 2 per cent of children, with twice as many boys affected as girls. It is closely associated with dyslexia and attention deficit hyperactivity disorder. Some children have only one of these, but many have two or all three, leading to educational problems and disruptive behaviour which are very distressing for both the child and parents.

Fifteen dyspraxic children who were seriously clumsy received three months' treatment with Efalex, a combination of essential lipids with thyme oil. The children were evaluated on standard objective test batteries for dyspraxia and also by their parents. The tests measured co-ordination, fine movements and balance. All three tests and the parents' own scores showed substantial and highly significant improvements over the three-month period. In practical terms, this led to improved writing skills, better balance and the co-ordination necessary to catch a ball, a major task for dyspraxic children.

● Using magnetic resonance spectroscopy to image the brain, researchers have discovered significant differences in phospholipid biochemistry between dyslexic and non-dyslexic adults. This has led them to suggest that dyslexia is potentially correctable by dietary supplementation with essential fatty acids.

SCRIPT SPECIALS

Frusene ownership

From January 1, ownership of Frusene (frusemide 40mg, triamterene 50mg) will transfer from Rhone-Poulenc Rorer to Orion Pharma. Orders for delivery before Christmas should be placed by December 15 to RPR in the normal way. After this, all enquiries should be made to: Orion Pharma (UK) Ltd, First Floor, Leat House, Overbridge Square, Hambridge Lane, Newbury, Berkshire RG14 5UX. Tel: 01635 520300.

Neoral capsules

PSNC advises that despite Neoral capsules being presented in tamper-proof packs of 30, they have not been accepted as a special container. However, an agreement has been reached with the DoH such that if a quantity other than a multiple of 30 is ordered, a pharmacist, with the approval of the prescriber, can dispense a complete number of unbroken packs. To be correctly paid, pharmacists must endorse 'PA' and initial and date the endorsement.

Requip tablets 250mcg

Requip tablets 250mcg are only presented in titration packs of 210 tablets. Because of the pack design and accompanying instructions, PSNC says it is impractical to split the pack. The DoH has not accepted the pack as a special container. However, it has agreed that if a GP prescribes less than 210 tablets, the pharmacist can obtain the prescriber's approval to dispense a complete pack of 210 tablets. The form should be endorsed 'PA' and be initialled and dated.

'Compendium' correction

In the recently published ABPI 'Compendium of Data Sheets and Summaries of Product Characteristics (1996-97)', there is an omission in the Zydol entry. The parenteral administration section should read: 'the usual dose is 50 or 100mg four to six hourly by the intravenous or intramuscular route'. Searle. Tel: 01494 521124.

Sandoz patient packs

In accordance with the patient pack initiative, Sandoz Pharmaceuticals is introducing the following new pack sizes: Cafergot (ergotamine caffeine) Tablets (30, £1.34) and Tavegil (clemastine) Tablets (60, £2.46); and, in January, Deseril (methysergide) Tablets (60, £5.36). Old packs will be discontinued as stocks are exhausted. Sandoz Pharmaceuticals (UK) Ltd. Tel: 01276 692255.

Norvir distribution

Following the hospital launch of Norvir (ritonavir) in September, Abbott Laboratories is now making it available through the wholesaler/retailer network. The basic NHS price for one month's supply of capsules (four x 84 100mg) is £377.39, and of liquid (five x 90ml) is £403.20. Abbott Laboratories Ltd. Tel: 01628 773355.

Deltacortil patient pack

Pfizer has relaunched its patient pack of 30 Deltacortil (prednisolone ec tablets) and is launching a 100-tablet pack in addition to the existing 500-tablet pack. The basic NHS prices for Deltacortil 2.5mg are: 30, £0.26; 100, £0.57; and 500, £2.72. And for Deltacortil 5mg, 30, £0.43; 100, £1.02; and 500, £4.99. Pfizer Ltd. Tel: 01304 616161.

New indication

Solvay's Fematrix 80 and Femapak 80 are now approved for the prevention of osteoporosis. Solvay Healthcare. Tel: 01703 472281.

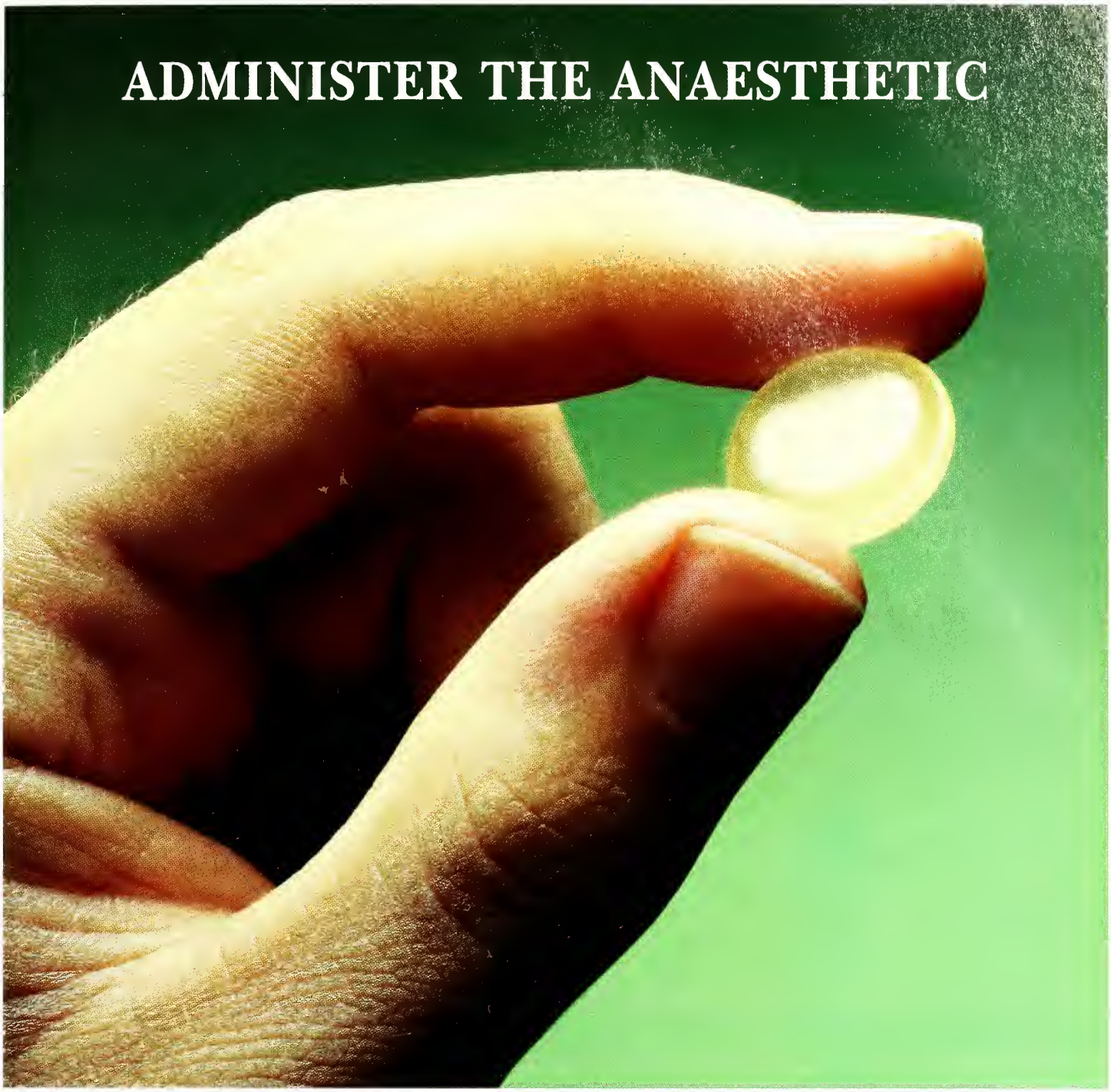
RPR relocation

Rhone-Poulenc Rorer is moving on December 23. The medical information department can be contacted on 0990 239604. It would be appreciated if pharmacists only used this dedicated number for urgent enquiries until January 2. The new address will be: RPR House, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH. Tel: 01732 584000.

Osmolite and Jevity

With effect from December 6, Abbott Laboratories is launching new 1,500ml presentations of Osmolite and Jevity, two feeds which currently exist in its Ready-to-Hang ranges. The basic NHS prices for six packs are £49.14 and £55.80 respectively. Abbott Laboratories Ltd. Tel: 01628 773355.

ADMINISTER THE ANAESTHETIC



Many customers always rely on their pharmacist for advice. And when these customers need relief from sore throats, Dequacaine is one of the strongest recommendations you can give.

Dequacaine contains Benzocaine, a powerful local anaesthetic to numb the pain and the antibacterial ingredient Dequalinium Chloride to help fight infection.

Dequacaine has always been supported by pharmacists and with a proven profitable track record, a recommendation of Dequacaine ensures your services are well rewarded.

24 Lozenges

Dequacaine

TREATMENT FOR
SEVERE SORE THROATS

Powerful Local Anaesthetic
Fast-acting Anti-bacterial Agent

Benzocaine, Dequalinium Chloride

MAKE DEQUACAINE YOUR POWERFUL RECOMMENDATION FOR SEVERE SORE THROATS

PRODUCT INFORMATION: Throat lozenge containing Benzocaine B.P. 10mg, Dequalinium Chloride B.P. 0.25mg. **Also contains:** Sodium Saccharin, Levomenthol, Racemic Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal Silica, Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief of severe sore thoats. **Contra-indication:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low plasma cholinesterase concentrations and taking anticholinesterases. **Precautions:** If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervison. Should be used with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under 12 years of age. **Side effects:** Occasional hypersensitivity reactions and Methaemoglobinaemia. **Packaging quantities:** 24 lozenges in a carton. **Legal Category [P] RSP:** £2.25 PL 0327/0063
Licence holder and manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA. Prepared September 1996.

CROOKES HEALTHCARE

COUNTERpoints

Haliborange puts fizz into vitamin C market

Seven Seas is launching an effervescent 1,000mg vitamin C supplement under the Haliborange banner from December 7.

Haliborange Effervescent High Strength Vitamin C soluble tablets are available in a choice of two citrus flavours: Ruby Orange or Lemon (tube of 20 tablets, £3.69).

Seven Seas is supporting Haliborange Vitamin C with a £1 million spend this winter. A sampling campaign during the peak winter season will target consumers, supported by a national advertising campaign. Advertisements will feature in the daily press and in women's interest magazines. Health and beauty writer Liz Earle will also be educating consumers to the health value of vitamin C in a series of radio broadcasts supported by more sampling opportunities.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

Asilone erupts on television

Seton Healthcare is supporting Asilone, its indigestion remedy, with a £500,000 TV advertising campaign.

The adverts will be seen in the Carlton, Central, Border and Granada regions until mid-December. The commercial features a simmering volcano calmed by a dose of Asilone.

It is expected that over 15 million people will see the advert, which is being broadcast in regions housing 55 per cent of all indigestion sufferers.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

Rio TENS machine relieves pain

Dezac has introduced the Rio TENS machine (TENS stands for Trans-cutaneous Electrical Nerve Stimulation), a small device designed to help alleviate muscle pain.

It is a compact battery-operated device that fits into the palm of the hand. It uses electronically-controlled impulses on pads to treat muscle pain in a regulated and pre-programmed way.

The unit (£49.99) is recommended for use at home or work. It comes with circular pads which adhere to the body and the wearer controls the output according to the severity of the pain. There are are six programmes to choose from, all of which are accessed by pressing a single mode button.

The company claims that the machine has no side-effects and will not interfere with any medication being taken.

Dezac.
Tel: 01242 583502.

Give up and go – to the Big Apple

Honeyrose, a manufacturer of herbal cigarettes, is launching a major consumer promotion in time for No Smoking Day on March 12.

The '1 give up' promotion is designed to find the most entertaining stories of smokers and their 'last-ever cigarette'.

Entrants must state in 500 words or less how they smoked, or would like to smoke, their last cigarette.

Entry forms are printed on cards in Honeyrose packs, which will be available from the end of this year.

The writer of the most entertaining story will win a weekend for two in New York, with other amusing entries being published in '1 give up', an anthology which Honeyrose is hoping to put together in time for No Smoking Day 1998.

Honeyrose Products Ltd.
Tel: 01449 612137.

Baby Savlon award

Baby Savlon has been voted the winner of the 'best skin care product' in the Baby Skincare category at the *Mother and Baby* Awards 1996. The Awards are aimed at rewarding high-calibre, new and existing products within the baby market.

Zyma Healthcare.
Tel: 01306 742800.

Nurofen Cold & Flu goes Underground

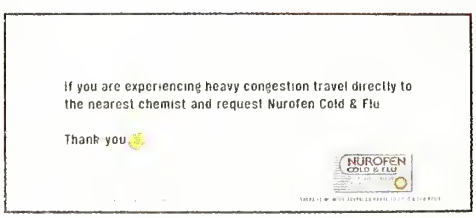
Crookes Healthcare is supporting Nurofen Cold & Flu with a new advertising campaign, featured exclusively in 'tubecard' posters on the London Underground.

Three advertisements have been designed to target London commuters. Each highlights Nurofen Cold & Flu's advanced multi-symptom relief in the treatment of a runny nose, nasal congestion, fever, aches and pains, and sore throat.

It is estimated that the campaign will be seen by 97 per cent of all London Underground commuters, many of whom will be suffering themselves.

The new tubecard campaign is part of the overall Nurofen brand marketing support, which is set to exceed £10 million by the end of the year.

Crookes Healthcare Ltd.
Tel: 0115 9539922.



Enterprising offers

Throughout December, wholesaler Daniels Enterprise will be offering independents the chance to purchase Colgate-Palmolive products at reduced prices. The Colgate Toothbrush will be on price promotion, as will products in the Palmolive body care range.

Colgate-Palmolive Ltd.
Tel: 01483 302222.

More for your money

International Classic Brands is running a promotion on Morny until Christmas. Individual pre-packs are available for each of the fragrances, including the new Sandalwood.

International Classic Brands (Worth Fragrances Ltd). Tel: 0181 579 6060.

Seton puts £1 million behind Meltus

Seton Healthcare is supporting Meltus with a £1 million TV advertising campaign.

It will run from December 9 until January 26 on 70 per cent of the regional ITV network in the Carlton, Central, Granada, Yorkshire, Scottish and Border regions. During January, it will also be seen on GMTV for the first time.

It is estimated that daytime and evening coverage will reach up to 22.5 million people, including 83 per cent of the target audience.

Seton Healthcare Group plc. Tel: 0161 654 3000.

PROFIT
THIS WINTER

- **Profit** from **30 million colds** November to February
- **Profit** from Beechams, the No.1 selling GSL range in pharmacy and the **only GSL range** you need to stock[1]
- **NEW for this winter season, profit** from Beechams Flu-Plus Caplets!
- **Profit** from £3.6m of TV support November to February

Beechams

THE UK's BEST SELLING COLD REMEDY RANGE[2]

SmithKline Beecham Consumer Healthcare

SB House, Brentford, Middlesex. TW8 9BD

1: Nielsen Pharmacy MAT Jul/Aug '96 £
2: Nielsen Grocery/Pharmacy combined MAT Jul/Aug '96 £

Cook up a treat with Hermesetas

The Jenks Group has created ten calorie-counted recipe cards using Hermesetas Original Granulated Sweetener.

The cards cover a wide range of low-calorie dishes from main meals to desserts, and form a comprehensive cookery collection of 26 recipes. Cards are hole-punched, with a wipe-clean surface.

They are available with any Hermesetas purchase from the Hermesetas Consumer Service. Simply send in two $0.20 coins (for postage and packing) taped to a piece of card with your name and address to: Hermesetas Consumer Service, Dept 1H70, Boswell House, 37/38 Long Acre, London WC2E 9JT.

Jenks Group.
Tel: 01494 442446.

Best buys

Top of the best buys in AAH Pharmaceuticals' 'Monthly Offers' magazine for December are the Elnett hair care and Movida hair colouring ranges. Other discounted lines with higher PORs include Robinson cotton wool and Kotex feminine hygiene products.

AAH Pharmaceuticals Ltd.
Tel: 01928 717070.

Everyone's a winner with Cow & Gate

Rosie's Orchard Chicken (150g jar, $0.56) has been voted winner of Cow & Gate's 1996 Homemade Recipe Challenge.

It is the 30th variety to join the 'four-month' range of Cow & Gate Olvarit meals. Chosen for its nutritious and tasty combination of chicken, apples, onions, broccoli, potatoes and peas, the recipe only contains fresh or freshly-frozen ingredients, with no artificial flavours, thickeners or colours, and no added preservatives.

Senior brand manager for Olvarit Sue Gisborne says, "We received hundreds of entries for the Homemade Recipe Challenge. It is evident that parents are increasingly interested in the nutritional value, quality and taste of meals they feed their babies."

The launch will be supported with nationwide advertising and PR support throughout the remainder of the year.

Cow & Gate Ltd.
Tel: 01225 768381.

Talisman Eau Transparente – tailor-made for femininity

The Perfume & Beauty Partnership has launched Talisman, a new French fragrance by Balenciaga.

Talisman Eau Transparente is presented in a green transparent bottle and is available in a 50ml spray, $26, and 100ml spray, $39.

Talisman Eau Transparente Bath and Shower Gel is a creamy moisturiser-enriched gel (200ml, $22); while Body Lotion helps to soften and hydrate the skin (200ml, $26). Prestige Soap is in a frosted transparent dish (150g bar, $18, and refill bar $12); and Alcohol-Free Deodorant comes in a natural spray bottle (200ml, $25).

The Perfume & Beauty Partnership.
Tel: 01483 282486.

Express yourself with 'cK be'

Calvin Klein Cosmetics is launching 'cK be' from March 17.

Designed for both men and women, it combines a blend of 'clean' white musks with top notes of bergamot, juniper berry, mandarin, mint and lavender. Middle notes are a blend of light spices with magnolia and peach, fused with bottom notes of sandalwood, opoponax and tonka bean.

The range includes: eau de toilette (100ml and 200ml); body wash (250ml), a moisture-rich gel for the bath or shower; skin moisturiser (250ml), for men and women; talc (150g), lightly-scented which absorbs quickly into the skin; deodorant (100g), a quick-drying solid stick; and soap (250g), two lightly-scented glycerin bars.

Recommended retail prices are the same as for 'cK one'.

Calvin Klein Cosmetics (UK) Ltd.
Tel: 0171 629 9643.

Jawsome news from Sensodyne!

Stafford-Miller has launched Sensodyne 'Street Sharks', a new range of novelty toothbrushes.

The toothbrushes have an angled, small, medium-textured head in a choice of four different 'Street Sharks' characters from the Channel 4 cartoon – Ripster, Big Slammu, Streex and Jab ($1.75 each).

Stafford-Miller Ltd.
Tel: 01707 331001.

Products displayed to perfection!

Seton Healthcare has introduced a new merchandising package for its Prosport sports injury supports range.

Developed specially for the pharmacy trade, the new in-store sports care centre consists of a freestanding display unit, counter carousel, wall unit, posters and strut cards.

The display unit holds the complete range of Prosport care accessories, including Gold, Supatherm and elasticated supports, as well as having additional side baskets for products in the Ralgex range.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

December deals

Unichem is offering special deals across the following products throughout the rest of this month: Tagamet 100 tablets 12s; Dioralyte sachets sixes; Algicon Suspension 500ml; Andrews Antacid Refreshing 30s; own-brand Diarrhoea Relief Tablets 24s and own-brand Health Salts 227g.

Unichem plc.
Tel: 0181 391 2323.

Packaging news

New Johnson's Baby Oil (500ml) has changed from being sold in a traded unit of 12 to a trade unit of six. The new trade price for the unit of six is £13.89.

Johnson & Johnson Ltd.
Tel: 01628 822222.

ON TV NEXT WEEK

Advil: All areas

Alka-Seltzer: M, LWT, CAR, TT, C4, satellite

Almay Amazing Lash Waterproof Mascara: GTV, U, STV, C, HTV, W

Asilone: CAR, C, B, G

Beechams Powders: All areas except U

Benylin Cough: All areas

Day & Night Nurse: All areas except U

Head & Shoulders: All areas

Nurofen Cold & Flu: All areas

Nytol: LWT, CAR

Pantene: All areas except GMTV

Radian B: LWT, C, G, B, STV, HTV, M, A, W, U, GTV, C4, GMTV, satellite

Regaine: G, C, A, M, CAR

Rennie: GTV, U, STV, B, G, C, A, HTV, CTV, W, M, LWT, CAR, C4, GMTV, satellite

Setlers Wind-Eze: LWT, CAR

Solpaflex: All areas except U

Strepsils Dual Action: All areas

Tixylix: All areas

Tunes: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Nurofen Cold & Flu provides your customers with fast and effective relief from a wide range of symptoms, with the reassurance of the Nurofen name.

It's ibuprofen's anti-inflammatory, analgesic and anti-pyretic action, combined with pseudoephedrine's decongestant efficacy, which makes Nurofen Cold & Flu so effective.

With such advanced active ingredients, it's no wonder that Nurofen Cold & Flu has been shown to provide more effective overall relief than a leading paracetamol-based combination.[1]

So when your customers need to escape from multiple symptom misery, there's only one recommendation you need to make – Nurofen Cold & Flu.

NUROFEN COLD & FLU

ibuprofen pseudoephedrine

ADVANCED MULTI-SYMPTOM RELIEF

PRODUCT INFORMATION: Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg pseudoephedrine Hydrochloride **Indications.** Effective in the relief of symptoms of colds and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses **Dosage and administration.** Adults and children over 12 years Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours Do not exceed 6 tablets in any 24 hours **Precautions and Warnings.** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder Asthmatics, anyone allergic to aspirin, anyone receiving regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu Not recommended for children under 12 If symptoms persist for more than 3 days patients should consult their doctor **Product Licence Number.** Nurofen Cold & Flu 0327/0060 **Licence Holder.** Crookes Healthcare Limited, Nottingham, NG2 3AA **Legal Category.** P **Price:** £2 39 for 12, £3 79 for 24, £4 99 for 36 Prices correct at the time of going to press **References.** 1 Data on file, Crookes Healthcare, Research Report No M90122 Date of preparation October 1996

CROOKES HEALTHCARE

NEWS EXTRA

CPAG to fight on with RPM

The fight is not over on Resale Price Maintenance, says the Community Pharmacy Action Group. CPAG has set up a special sub-group to prepare the legal arguments to put before the Restrictive Practices Court when it convenes to consider the issue. An announcement of the choice of counsel to lead the case is expected soon.

Meanwhile, the lobbying campaign to maintain RPM continues. A reception at the House of Lords on November 27, hosted by Baroness Gardner of Parkes, attracted a turnout of 30 peers.

NPA Board members for Scotland, George Allan and Alan Cruickshank, had a "positive" meeting with Nigel Griffiths, Labour spokesman on consumer affairs.

NPA director John D'Arcy says it is unlikely that the new Competition Law Reform Bill, which represented a fresh challenge to RPM, will be introduced to parliament before the next election.

Pharmacists' representatives have already met officials from the Department of Trade and Industry to express the strong view that RPM on medicines should be retained in any Competition Law Reform Bill.

In its latest 'Supplement', the NPA warns members that going to law is expensive, so next year's subscription increase will include an element towards the RPM fighting fund.

Mail order motion condemned by Labour

The practice of supplying medical prescriptions by mail order has been condemned by over 30 Labour MPs in a Commons motion.

The MPs argued that, unless the Government acts to tackle the practice, it could force many community pharmacies to close.

"This will dramatically affect the current distribution of pharmacies in Britain, public access to them and a general reduction in the range of services they provide for local communities," they said.

Labour MP Alan Meal, who tabled the motion, said he had received around 40 letters from pharmacists concerned about the spread of mail order. He is concerned that some foreign companies appear to be buying British pharmacies and using them as a 'front' for mail order operations.

The Department of Health said it was illegal to advertise and supply Prescription Only Medicines by mail order, and that it would prosecute any offenders.

"We know there are publications overseas which do advertise medicines through the post, but if they were advertising to the UK public, we would pursue action against them," a spokesman said.

Norman educated in the ways of pharmacy

Asda chairman and Conservative parliamentary candidate Archie Norman has expressed surprise that the late payment situation faced by pharmacy contractors has not been resolved.

Mr Norman met last Friday with pharmacists in his adopted constituency, Tunbridge Wells, Kent.

He said that he would push for a 95 per cent settlement, rather than the current 80 per cent, says Kent Local Pharmaceutical Committee secretary, Stuart McMillan, who was present at the 90-minute meeting.

LETTERS

Confusion reigns

Curiouser and Curiouser! Gone are the days when one could readily understand, still less predict, the thought processes of our regulators.

The recent proposals to restrict GSL sales of paracetamol reflect growing concern over both intentional and unintentional overdose with this drug.

Some unintentional overdoses may perhaps be avoided by restricting pack sizes, but, more importantly, the considerable publicity afforded to the proposed restrictions will alert the public to the insidious dangers of paracetamol overdose.

Why, then, confuse the whole issue, and dilute the educational message by simultaneously restricting aspirin and ibuprofen? The explanation given is to prevent "significant disparities between comparable analgesics available as GSL".

But surely the ink is barely dry on the new GSL packs of ibuprofen, which were effectively railroaded onto supermarket shelves only a few months ago, much to the dismay of many pharmacists and manufacturers.

The unfathomable but relentless drive towards a sales free-for-all continues unabated. A drug, which at 2 per cent concentration was a POM this time last year and remains a P today, is now tacitly accepted at 1 per cent as not requiring any licence!

Lewis Carroll might be bemused, but we should not be amused. The marketing of an out and out drug substance without a licence, tacitly condoned by those in authority, appears to have set a precedent which others may well be tempted to follow, with potentially dangerous consequences.

Is there a hidden agenda or are we dealing with cock-up rather than conspiracy? In either case, the profession, the industry and, indeed, the public have good reason to be as much concerned as they are now confused by the fickle decisions of those in authority.

Michael Yarrow
Managing director, Diomed Developments

Lilly initiatives

I should like to respond to Irene Gummerson's letter (*C&D* November 16 p701). Ms Gummerson refers to an article in the previous week's *C&D*, which only briefly reviewed a presentation I made to the Bath & West RPSGB Regional Conference.

In developing disease management initiatives, Lilly Integra works with all healthcare professionals, including pharmacists. Indeed, we believe that the pharmacist has a key role to play in this area. Suggestions that I made at the conference included:

- pharmacists setting up 'mini-clinics' within their pharmacies
- developing patient education programmes
- playing a role in long-term management of chronic illnesses (eg diabetes).

Lilly Integra seeks to aid the professional development of pharmacists through sponsorship of independent courses, such as the Aston University PACT course featured in *C&D* November 2 p620.

Christopher J Shaw
Business development manager, Lilly Integra

ALL THE SYMPTOMS OF SUCCESS

£19m in consumer sales value

£1.4m TV advertising support* Jan-Feb '97

DOUBLE ACTION

- HIGHER SALES
- HIGHER PROFIT

STOCK NOW FOR PROFITABLE RELIEF

*MEAL equivalent

TRINITY BRANDS

We understand from several General Practitioners that certain retail pharmacists are unaware of the availability of Trinity brands from their local wholesalers.

We can reassure all of our customers that the following brands are available from all full-line wholesalers.

TRINITY BRAND NAME	AAH CODE	UNICHEM CODE	PIP CODE
ADIPINE MR 10 mg Tabs	NIF 31T	027 912	223 3112
ADIPINE MR 20 mg Tabs	NIF 29G	027 623	220 1812
VOLSAID RETARD 75 mg Tabs	DIC 80E	070 706	226 4729
VOLSAID RETARD 100 mg Tabs	DIC 81A	070 797	226 4711
ANGITIL SR 90 mg Tabs	DIL 90D	021 667	212 9955
ANGITIL SR 120 mg Tabs	DIL 91W	021 055	212 9963
ANGITIL SR 180 mg Tabs	DIL 92S	021 766	212 9732
KETOCID 200 mg Caps	KET 43V	011 437	212 9781
MONOMAX SR 40 mg Caps	ISO 239J	070 821	212 9757
MONOMAX SR 60mg Caps	ISO 240D	070 805	212 9765

If there are any further queries with regard to availability of the above products to fulfill branded prescriptions please contact Leanne Charlesworth in our Customer Services Department on 01484 604506.

PHARMACY update

GI blues

Irritable bowel syndrome is a distressing condition which affects relationships, career and lifestyle. Adam Legge investigates the problem and how pharmacists can get involved in its management

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 35), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JANUARY 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To understand what the term IBS encompasses
- To appreciate the impact of IBS on lifestyle
- To be aware of the symptoms and diagnosis of IBS
- To be familiar with the drug and non-drug management options
- To appreciate the importance of self-help

Irritable bowel syndrome (IBS) is a shorthand term for symptoms of intestinal dysfunction whose cause is unknown but unlikely to be organic. However, the scale of the problem is huge, affecting up to a quarter of the population and accounting for around 40 per cent of referrals to gastroenterologists.

Its psychological and social impact was highlighted earlier this year. A survey of 2,500 sufferers published during IBS Awareness Week in June revealed that almost three-quarters of respondents believed IBS had a negative effect on their lives. Over half said they had to cancel social engagements as a result of an attack and nearly a third said it had a negative impact on relationships at home.

That said, community pharmacists are the health professionals most likely to come across many of these patients. Although many are managed by their GPs, it is estimated that for every patient who consults, another two do not.

Presentation

IBS can be a very distressing combination of intermittent abdominal pain and irregular bowel habits, such as alternating diarrhoea and constipation. It occurs when the normal involuntary muscular contractions, which move the bowel contents smoothly through the intestines, become strong and irregular.

It usually begins in early or middle adulthood. The group of people most commonly affected are those aged between 20 and 60 years, with most sufferers being women. Although symptoms subside and can disappear for long periods, they usually recur throughout life.

The most prevalent symptoms of IBS are:

- **Colon spasticity**: inevitably painful, often colicky in nature and can occur anywhere in the abdomen, although the iliac fossa is usually the primary site. Pain can be relieved by defecation, although it can be more severe after eating or at night.
- **Altered bowel habit**: may present as alternating constipation and diarrhoea. The latter may be watery and painless.
- **Audible intestinal rumblings**: or borborygmi, often associated with increased flatus or a distended abdomen. For sufferers, a small amount of wind may be more distressing and an excessive amount of belching may occur.
- **Tenesmus**: a feeling of incomplete emptying of the bowels after defecation. These symptoms often lead to patients being misdiagnosed as suffering from constipation or diarrhoea.
- **Proctalgia fugax**: a brief sharp pain felt low in the rectum which may be associated with further abdominal pain and colicky pain.

Box 1
The Manning criteria for diagnosing IBS

- Feeling of abdominal bloating
- Pain often relieved by defecation
- Pain associated with more frequent stools
- Pain associated with loose stools
- Feelings of incomplete evacuation
- Passage of mucus

Diagnosis

Gastroenterologists use the internationally accepted Manning criteria for diagnosing IBS, which can be useful for other health professionals (see Box 1, above).

Looking for possible causes (such as those outlined in Box 2) is also important as some

Continued on PII ▶

Continued from P1

of these can be treated. Such patients should be advised to consult their GP.

Pain associated with IBS can have features which distinguish a functional origin from organic disease. Functional pain comes and goes. It can be felt in several different places, including some unusual areas, such as the subcostal regions, the loins, the back and the top of the thighs. On the other hand, pain from organic disease tends to be more localised and stereotyped.

There are other disorders which can overlap with IBS associations. These have also been suggested with other gastro-intestinal disorders, such as dyspepsia and constipation, as well as other disorders, like fibromyalgia, irritable bladder and chronic fatigue syndrome. Classical migraine tends to co-exist with IBS in both individuals and in families.

Patients who are able to date their IBS symptoms to an attack of traveller's diarrhoea or other ineffective diarrhoea are those who are most likely to recover completely. One of the most controversial areas of IBS is whether some cases are true cases of food intolerance. Psychological food aversion is much more common than true food intolerance and it has been difficult to prove that physical intolerances exist. Specifically, lactose intolerance has recently been disproved as a cause of IBS.

Options for treatment

Treatment for IBS is symptomatic as there is no cure. For many patients, an explanation of the origin of symptoms and a reassurance that it is not a serious condition will be enough to allow the patients to live with the symptoms. Emphasis on the fact there is no underlying pathology is extremely important.

Box 2
Possible causes of IBS
- Acute gut infection
- Change in diet
- Constipation
- Stressful life events
- Relationship difficulties
- Psychiatric illness
- Food intolerance

- **Fibre**

Pharmacists can advise patients to include more fibre in their diet or to take bulking agents, such as bran, ispaghula or sterculia, or synthetic alternatives, such as methycellulose. Many gastroenterologists recommend trying dietary manipulation before resorting to bulking agents.

- **Anti-diarrhoeals**

Diarrhoea should be treated by using bulking agents, but a short course of an anti-diarrhoeal can be recommended for acute cases.

- **Anti-spasmodics**

The most effective drugs for relieving the abdominal pain of IBS are the anti-spasmodics, which work by reducing the spasm of the muscles in the intestinal tract. These drugs can be divided into the anti-cholinergics and the direct-acting smooth muscle relaxants.

The anti-spasmodic action of anti-cholinergics is also used in the management of diverticular disease. They work by damping the transmission of nerve signals to the bowel wall, blocking the action of acetylcholine and relaxing the intestinal wall muscles. Their use is associated with a high incidence of cholinergic side-effects such as dry mouth and blurred vision. They are contra-indicated in glaucoma, prostate hypertrophy and intestinal obstruction. Dose titration is recommended in the elderly.

Buscopan (hyoscine butylbromide) and Kolanticon are indicated for IBS or gastro-intestinal spasm and have OTC licences. Merbentyl (dicyclomine hydrochloride) and Pro-banthine (propantheline bromide) are both POMs, but dicyclomine can be sold OTC provided the maximum single dose is 10mg and maximum daily dose is 60mg. Patients should be warned to use these products only on an 'as necessary' basis to avoid dependence.

The direct-acting smooth muscle relaxants alverine citrate, mebeverine and peppermint oil are thought to have a direct local effect on the GI tract relieving spasm caused by IBS.

Peppermint oil also has a carminative action to relieve pain caused by bloating but may cause heartburn. OTC products include Colpermin and Mintec. OTC preparations of alverine citrate include Spasmonal and Alercol (also contains sterculia). Fybogel Mebeverine is POM, as is mebeverine on it own (Colofac).

Non-drug therapy

Advising patients on self-help techniques is more time-consuming than dispensing a preparation, but many patients have benefited hugely from non-medical interventions.

Most patients respond to a careful explanation of their symptoms and the importance of self-help, which involves encouraging them to eat more healthily. Lifestyle changes, including taking regular physical exercise, yoga, t'ai chi or meditation, help some people cope with IBS related to stress.

Physical exercise has a direct effect on intestinal motility and may help to reduce constipation and abdominal distension, as well as to therapeutically reduce anxiety (see Box 4).

Latest research

There is increasing evidence that the basic problem in functional gastro-intestinal disorders is a heightened sensitivity of the gut rather than motility disorders. This is thought to be the case for a range of problems from heartburn to dyspepsia through to irritable bowel.

Although a clear understanding of the pathogenesis is some way off, signals from the gut penetrate the consciousness more readily in patients with these problems – either because of a fault in gut wall sensory receptors or in the synapses in the afferent pathways. The problem could also lie in the higher centres.

Box 3
Links between IBS and other illness behaviour
- People with IBS often tend to have other symptoms
- They often show signs of distress or psychological stress and psychological testing often shows features of hypochondriasis, somatisation and illness behaviour
- Some specialists believe that people with IBS who do not present to their doctors are psychologically normal

Self-help groups

- IBS Network publishes a newsletter called 'Gut Reaction' and can be contacted at the Northern General Hospital in Sheffield.
- There is an Internet page with links to other pages on IBS and other gastro-intestinal problems. The address is: *http://members.aol.com/docdarren/med/ibs.html.*

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Box 4
Self-help techniques
- Eating a healthy diet
- Avoiding excess caffeine and alcohol
- Allowing time for relaxation and physical exercise
- Dealing with the life problems causing stress
- Learning stress reduction and stress management techniques

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to self-test.

With the support of **Johnson & Johnson MSD**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 11 issue, which will cover this week's CPP-accredited modules, together with those in the December 21/28 issue.

The MCQ paper for the November modules will be enclosed in next week's *C&D* covering:
- Coughs & colds II (32)
- Hallucinogens (33)
- Amphetamines (34).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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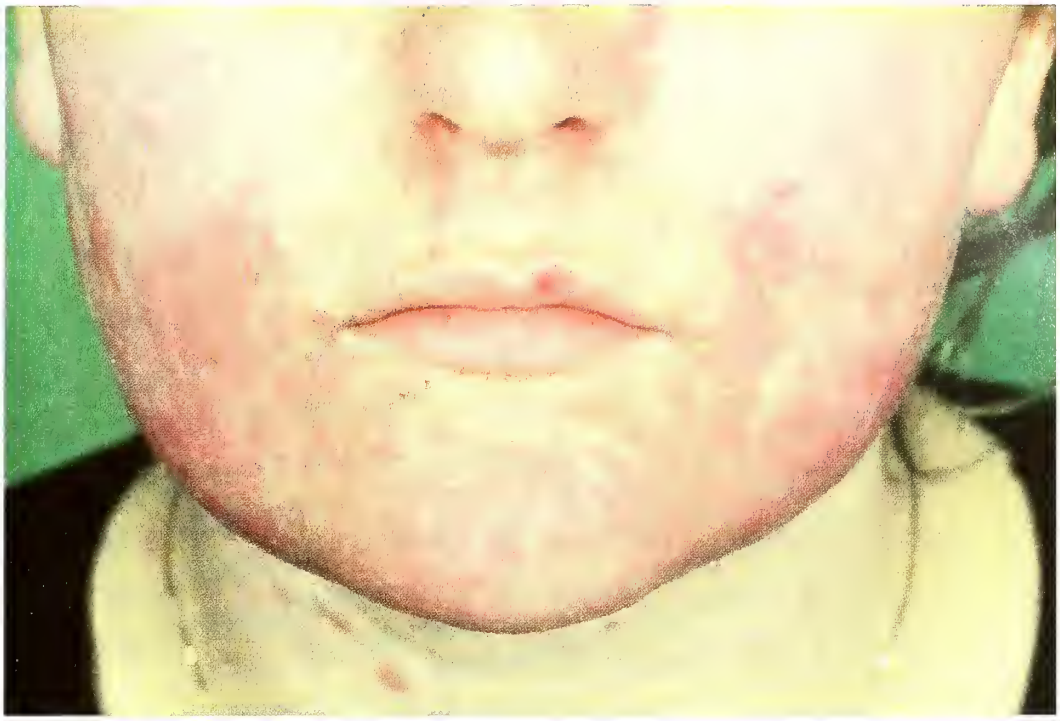
Facing up to acne



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 36), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JANUARY 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To distinguish between *acne vulgaris* and other forms of acne
- To be familiar with the pathophysiology of *acne vulgaris*
- To implement the SCRUTINY and CARE mnemonics to acne diagnosis and management
- To be aware of the products available to treat acne
- To appreciate non-drug therapy

Acne comes in many forms, but the most frequently encountered in the pharmacy is *acne vulgaris*. Derek Balon, a community pharmacist and King's College, London lecturer, explains how pharmacists can recognise and advise on this sensitive issue

Acne vulgaris is the most common form of acne, but it is important to be able to distinguish it from the lesser-known types discussed below.

The major cause of *acne vulgaris* is the increased sex hormone production at puberty, although acne can continue into middle age. Hormonal changes in the female cycle may provoke an acne attack, which is most pronounced just before menstruation. Despite anecdotal stories, diet is not thought to be implicated in the condition. Other causes are listed in Box 1.

- **Acne keloidalis**

This is a common form found in people with strong, tightly-curled hair, particularly Afro-Caribbean men. The direction of hair growth frequently results in their penetrating the follicular wall. This leads to blockage of the follicle preventing normal sebum flow to the surface and the formation of a fibrous tissue in the dermis with concurrent inflammation. The area often becomes infected and thus shows typical acne symptoms.

Treatment includes keeping the area clean, using topical and/or systemic antibiotics and removing offending hairs.

- **Acne rosacea**

This is not true acne but a chronic inflammatory disorder, which is characterised by diffuse erythema of the face, sometimes accompanied by papules and pustules, the presence of which links it to acne.

The cause is obscure but may be related to vascular damage from ultraviolet or infrared radiation, release of inflammatory chemicals in the skin, or even a mite. The flushing is exacerbated by hot drinks, alcohol, emotional stress, exposure to UV or IR radiation and certain drugs. Treatment primarily involves long-term antibiotics, low-potency topical steroids and, for the pustules, benzoyl peroxide.

Incidence

Being sex hormone-related, the initial appearance of *acne vulgaris* starts with the onset of puberty and gradually subsides with age. The Proprietary Association of Great Britain's survey in 1988 found that 35 per cent of males and 41 per cent of females aged between 15 and 19 had acne symptoms in a two-week period. It is a common problem and the pharmacy is often the first, and sometimes only, port of call.

Pathophysiology

Sebaceous glands produce sebum, an oily material, which lubricates and maintains hydration of the skin and hair. The two main factors which result in acne are increased sebum secretion and blocking of the sebaceous duct. Both of these are influenced by hormone levels.

At puberty there is increased androgen production in both sexes, which leads to increase in the size and activity of the sebaceous gland, with larger amounts of sebum being produced. At the same time, increased adrenal glucocorticoid production encourages hyper-keratinisation of the follicular wall. Both these factors encourage blocking of the duct by a sebum 'plug' which results in acne.

It should be noted that acne sufferers do not have higher levels of these hormones than non-sufferers: it is postulated that the target organs are more sensitive to stimulation.

The plug is a 'whitehead'. If is reaches the surface, it collects melanin pigment and gives rise to 'blackheads' – the black colour is not the result of dirt collection or oxidation of sebum.

Infection of blocked ducts is common and leads to pustular acne. The most common infective agents are *propionibacterium acnes* and various *staphylococci*, both commensals of skin. An inflammatory reaction follows which, together with blocking of the duct, frequently causes permanent damage to the duct and potential visible pitting or scarring.

Patient presentation

The presentation of acne by patients is usually not challenging. Either the patient or their mother (less common nowadays) asks for advice as to which is the best product for 'spots'. However, as the onset coincides with the period of sexual self-awareness, there is always some degree of emotional and psychological involvement, which necessitates a considerable degree of tact in handling the patient.

- **Questions to ask**

How long have you had acne?
Is it infected (pustular)?
Are you taking any medicine?

Continued on PVI ▶

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Box 1
Drugs and other causative factors for acne

Corticosteroids: both local and systemic
Hormones: androgens, oral contraceptives
Halogens: eg bromides, halothane
Isoniazide, rifampicin
Phenytoin, phenobarbitone
Lithium (systemic), selenium (topical)

Cosmetics, skin-covering agents
Occlusive skin-covering (headband)
Hard water with soap (blocking of pore with scum)
Excessive sweating (heat, high humidity)

◀ *Continued from PIII*

Do you use cosmetics?
What have you tried?
Is it restricted to the face, back and chest?

Diagnosis

Symptom complex
Whiteheads, blackheads and pustules are the characteristic signs of acne. The skin in the area of the eruptions is frequently greasy.

Region
Acne vulgaris is specifically found only on the face, back and chest. The pathophysiology indicates that the sebaceous gland is involved and this is sited within a hair follicle. If there is strong hair growth, acne will not occur at that site: the fast and strong growing hair keeps the duct free of excess sebum. Hence, acne is not found on the scalp of the average patient, occurring more commonly where there is fine or no hair growth (face, back and chest).

Universal factors
Provoking factors: onset is associated with puberty and in females the condition may be worse during the second half of the cycle. Hot, humid conditions may exacerbate the condition as may covering the skin with thick, greasy cosmetics.
Relieving factors: as the patient moves out of their teens, the condition frequently resolves spontaneously but many patients may suffer into their 20s and even beyond.

Time/intensity
Pharmacists must ensure that serious cases are referred early enough to ensure scarring and pitting does not become a problem.

Natural history
Onset is normally insidious and the condition is rarely constant in intensity, with acute attack followed by clear skin. It may flare up due to stress and this should be taken into account.

Your current medication
For females the contraceptive Pill may be implicated. Consideration should be given to the drugs listed in Box 1. Selenium-containing shampoos (for dandruff) should be avoided.

Management

The diagnosis of acne is relatively straightforward and, in general, pharmacists will be able to recommend suitable initial treatment. Treatment decisions will be influenced by various factors, which are disclosed during application of the CARE mnemonic.

Chronic/risk group/age
As pharmacist-recommended treatments are topical, there are very few classes of patients who cannot be treated. However, all infants and children below the age of puberty should be referred and caution should be exercised for diabetic patients in view of potential problems due to poor micro circulation. If the condition is seen in patients who are more than 40 years old and the acne is not an isolated outbreak of a few spots, referral is necessary.

Allergies
Before recommending external preparations, it is important to ensure there are no pre-existing allergies to the product.

Reaction of proposed medication
One of the major agents used to treat acne is benzoyl peroxide (see below) and reaction to this chemical is well established. Thus, caution should be exercised.

Establish patient preference
A wide range of formulations to treat acne are available and patients frequently have individual preferences as to whether they favour a cream, a wash, gels or masks.

Product selection

One major factor in the control of acne is ensuring the sebaceous ducts and final skin pores are free of obstruction. This can be encouraged by deep cleansing the skin regularly to prevent clogging in the first place, or by drug treatment.

A realistic time frame for healing should also be made clear to the patient – get them to think in terms of three to six months. Some experts have the two-month rule: try washes for two months and if these fail move on to local applications and/or antibiotics for two months. If no improvement is seen, try an alternative antibiotic for a further two months. If this also fails, refer to a skin specialist.

Pharmacists ought to be aware of this rule and also the potential permanent damage acne can do. Assuming the patient presents with a few spots (mild acne), they should recommend washes and treatments discussed below. However, if the acne is severe or does not respond to simple treatment, they must refer the patient to the general practitioner: it is not a waste of the doctor's time.

Antiproliferative agents, drugs which reduce sebum production, antibiotics (as antibacterials), anti-androgens and corticosteroids are available on prescription, some to be prescribed only by dermatological consultants.

The major agents present in OTC acne products are kerolytics and antimicrobials, some of which also contain abrasives.

a) Kerolytic agents
Benzoyl peroxide is one of the most effective kerolytic agents available OTC and has mild antibacterial action. It reduces the breakdown of sebum into irritant fatty acids, induces peeling of the skin and encourages comedone removal. It also has a direct bactericidal action on *propionibacterium acnes*, one of the prime causative bacteria of acne pustule infection.

Benzoyl peroxide is available in various concentrations from 2.5 to 10 per cent. Patients must be warned that it commonly causes initial irritation with reddening and soreness at the site. The skin rapidly adapts to the chemical and subsequent applications cause no problems. Because of this initial effect, it is advisable to begin treatment with the lower 2.5 per cent concentration product, working up to the 10 per cent strength if required.

As oxygen is released from benzoyl peroxide when it comes into contact with the skin, it may act as a bleaching agent both on clothing, skin and hair.

Salicylic acid, resorcinol and sulphur are kerolytics of long standing and are present in some acne products. Their use has decreased with time and there is little evidence that they increase efficacy when combined with benzoyl peroxide.

b) Topical antibacterials
The rationale for the use of antibacterial agents in topical OTC acne products is that they may decrease the bacterial count on the skin, reducing the possibility of blocked pore infection.

Many such agents are surfactants and their prime mode of action is to reduce surface sebum and aid the removal of 'debris' from the skin, thus reducing comedone formation. This also accounts for many acne lotions containing various alcohols (both as antibacterials and degreasing agents). The use of such combination products to wash appears both sensible and useful.

Non-drug therapy

The expression 'cleanliness is next to godliness' is especially applicable to acne sufferers. Primary advice should be centred on this aspect of treatment as removal of excess sebum is the mainstay of non-drug treatment. Washing once or twice a day with a detergent is recommended.

The use of mild abrasives, both in cream form and as cleansing pads, is useful but care must be taken not to overuse these. Scrubbing and excessive massage may increase sebum production and damage the skin surface.

A second significant consideration should be to address the psychological state of the patient. It is important not to deride the sufferer's view of their appearance but worthwhile to try to put it in perspective. They should be assured that complete healing occurs in most cases, although rapid improvement should not be expected.

Covering unsightly blemishes is common for the sensitive teenager but should be discouraged. However, banning cosmetics is unrealistic: instead, suggest occasional rather than continuous use.

Although diet (chocolate, fatty foods, 'convenience' foods) is frequently cited as a contributory factor in acne, there is no convincing scientific evidence to substantiate this.

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A pain in the back

Acute low back pain is a relatively common symptom and one which fills GP surgeries, often unnecessarily. David Pruce, audit development fellow at the Royal Pharmaceutical Society, looks at how community pharmacists can manage and audit the condition

Acute low back pain not only causes considerable suffering and disability but also costs this country millions of pounds in terms of lost working days. The treatment of the condition is an important issue to both patients and healthcare professionals.

This article aims to review the clinical guidelines on the management of acute low back pain and to show how we pharmacists can audit, whether we are following the guidelines and whether we are referring appropriately.

Guidelines

In July last year, the NHS Executive commissioned the Royal College of General Practitioners to develop evidence-based clinical guidelines for the management of acute low back pain. The guidelines were to be based on a review of all the latest evidence on the best ways of managing this condition. The RCGP worked in collaboration with four other bodies – the Chartered Society of Physiotherapy, the Osteopathic Association of Great Britain, the British Chiropractic Association and the National Back Pain Association.

After an extensive review of the literature, a draft set of guidelines were produced which were then subjected to formal reviews by a wide range of professionals and organisations (including the RPSGB). The resulting clinical guidelines represent the most up to date evidence and recommendations on management.

Pharmacist input

Community pharmacists are often the first port of call for patients wishing to treat themselves. Part of our role is to assess the patient and decide whether they need to see their GP or if it is safe and appropriate for them to self-treat. The RCGP guidelines include an initial assessment of the patient to rule out more serious problems, together with suggestions on drug therapy (most of which are available over the counter) and advice to patients. The community pharmacist is in a good position to carry out these roles. However, it is important that we ensure that we are following best practice and that our advice coincides with that given by other local healthcare professionals.

Potential problems

The majority of cases of low back pain that a community pharmacist sees will be simple backache. However, it is important that community pharmacists are able to spot potential problems and refer them on to the GP as soon as possible. The use of simple questioning techniques, such as the WWHAM questions, will enable the pharmacist to exclude potential serious diagnoses.

At the end of your questioning of a patient presenting with symptoms of acute low back pain, you should know:

- the approximate age of the patient
- where the pain is
- the cause and nature of the pain
- any medical history
- medication being taken
- whether the patient is unwell
- any signs of neurological problems, such as numbness, tingling.

If any potential serious symptoms are noticed or there is any doubt about the diagnosis, the patient should be referred to their GP. In doing this, it is important not to worry the patient, while at the same time ensuring that your advice is followed.

Once serious problems are excluded, the patient can be reassured that there is nothing to worry about and that backache is very common. Research into the guidelines showed that psychosocial factors were important in the patient's response to treatment: what the patient believes about back pain and their attitude to coping with the pain and rehabilitation are important factors in their recovery. The RCGP guidelines listed some of the key points to get over to the patient when offering advice. The key patient information points are listed in Box 3.

Drug therapy

The suggested drug therapy is simple analgesic at regular intervals. The guidelines suggest that paracetamol is used initially and if that is inadequate to try non-steroidal anti-inflammatory drugs such as ibuprofen. If these are not sufficient, then combined paracetamol and weak opioid compounds, such as co-dydramol or co-proxamol, can be tried. The drug recommended by the pharmacist will depend on what the patient has already tried and the severity of the pain. It is also worth

Continued on PVIII ▶

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 37), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* JANUARY 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of the clinical guidelines for low back pain
- To appreciate the role of pharmacy in management
- To recognise potential problems in diagnosis or therapy
- To be able to recognise simple backache
- To understand how to audit compliance with guidelines

Box 1
Clinical guidelines for the management of acute low back pain

Assessment
- Carry out diagnostic triage
- Note that X-rays are not routinely indicated in simple backache
- Consider psychosocial factors

Drug therapy
- Prescribe analgesics at regular intervals, not prn
- Start with paracetamol. If inadequate, substitute NSAIDs (eg ibuprofen or diclofenac) and then paracetamol/weak opioid compound (eg co-dydramol or co-proxamol). Finally, consider adding a short course of muscle relaxant (eg diazepam or baclofen)
- Avoid narcotics if possible

Bed rest
- Do not recommend or use bed rest as a treatment for simple back pain
- Some patients may be confined to bed for a few days as a consequence of their pain but this should not be considered a treatment

Advice on staying active
- Advise patients to stay as active as possible and to continue normal daily activities
- Advise patients to increase their physical activities progressively over a few days or weeks
- If a patient is working, then advice to stay at work or return to work as soon as possible is probably beneficial

Manipulation
- Consider manipulative treatment within the first six weeks for patients who need additional help with pain relief or who are failing to return to normal activities

Back exercises
- Patients who have not returned to ordinary activities and work within six weeks should be referred for reactivation/rehabilitation

◀ *Continued from PVII*

suggesting the local application of heat or cold which may provide temporary relief of pain, although it has no long-term effect on the outcome.

Audit of guidelines

All too often in primary care, healthcare professionals find themselves working along similar but slightly different lines. This is confusing for patients and undermines their confidence in the primary healthcare team. A patient with acute low back pain may initially see any one of a number of healthcare professionals depending on how much they know about their condition and who they think can best help them.

Some patients will decide that they can treat themselves with painkillers and present at the pharmacy; others will decide that they need to see a chiropractor, osteopath or physiotherapist to sort out back problems. Other patients will think that they need to see their GP and get a prescription or a referral to a specialist. It should not matter who they go and see initially, as each patient should receive the same advice and the most appropriate treatment.

In order to check whether we are all acting as a team, we should agree local guidelines and audit whether we are all following them. This would mean meeting with our local GPs, osteopaths, chiropractors and physiotherapists to agree what the local treatment guidelines and referral procedures should be.

Local guidelines should be based on the national guidelines and should clearly determine when a patient should be referred from one professional to another. This process may be done at a local practice level or at a health authority level through local representative committees like the local pharmaceutical committee.

An audit can look at different aspects of the guidelines, such as the initial assessment, what advice is given and the referrals between professionals. The following cases are two examples of how an audit can be carried out.

1 Audit of initial assessment
The diagnostic triage will decide which patients need referring to a GP and which can safely self-treat (Box 2).

An audit of diagnostic triage would look at whether sufficient information was obtained from the patient to exclude potential serious diagnoses. It is best to concentrate on what information is obtained from the patient rather than the questions asked.

The results will give a picture of what you and your staff are doing for patients with low back pain and whether sufficient information is being obtained from the patient to ensure a safe diagnosis.

The form may be used as a simple tick sheet to show that the information established is suggestive of simple backache. Any symptoms which suggest any other diagnosis should be noted on the form separately. The outcome can be coded according to the following codes:

A Analgesic given
D Advice given
G Referred to GP
O Referred to osteopath
C Referred to chiropractor
P Referred to physiotherapist

2 Audit of referrals
It is equally important to ensure that any referrals made are helpful and not just wasting time for a colleague. It is possible to follow up any referrals made, so long as a formal referral note is used, such as the one produced by the National Pharmaceutical Association. If this is used, a simple form can be attached to the referral note for the GP to give you feedback.

Any audit of this nature should be multi-disciplinary with each professional looking at his or her own practice and sharing the results, so that everyone involved learns from the process. Similar audits of both the initial assessment and referrals can be conducted by each profession.

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Box 2
Diagnostic triage

Diagnostic triage is the differential diagnosis between simple backache, nerve root pain and possible serious spinal pathology.

Simple backache (non-specific low back pain)
- Presentation under age 20 or onset over age 55
- Lumbosacral region
- Pain 'mechanical' in nature, varies with physical activity and time
- Patient well

Nerve root pain
- Unilateral leg pain worse than low back pain
- Pain generally radiates to foot or toes
- Numbness and paraesthesia in same distribution as pain
- Nerve irritation signs – reduced straight leg raising, which reproduces leg pain
- Motor, sensory or reflex change – limited to one nerve root

Possible serious spinal pathology
- Age of onset less than 20 or greater than 55 years
- Violent trauma, eg fall from height, road traffic accident
- Constant, progressive, non-mechanical pain
- Thoracic pain
- Past medical history of carcinoma, systemic steroids
- Drug abuse, HIV
- Systematically unwell
- Weight loss
- Persisting severe restriction of lumbar flexion
- Widespread neurology
- Structural deformity

Widespread neurological disorder (Cauda Equina Syndrome)
- Difficulty with micturition
- Loss of anal sphincter tone or faecal incontinence
- Saddle anaesthesia about the anus, perineum or genitals
- Widespread or progressive motor weakness in the legs or gait disturbance

Reference: *'Clinical Guidelines for the Management of Acute Low Back Pain', Royal College of General Practitioners, London, 1996.*

Box 3
Positive messages for simple backache
- There is nothing to worry about
- Backache is very common
- No sign of any serious damage or disease
- Full recovery in days or weeks – but may vary
- No permanent weakness
- Recurrence is possible – but does not mean re-injury
- Activity is helpful, too much rest is not
- Hurting does not mean harm

Healthy challenge

Alison Strath, community pharmacy development co-ordinator at the National Pharmaceutical Association, gives an overview of pharmacists' contribution to health promotion

The National Pharmaceutical Association's 'Ask your Pharmacist' campaign has led to more people seeing the pharmacist as the first point of call for advice and information on health-related matters.

The pharmacist is one of the only healthcare professionals who regularly sees a wide range of 'health people'. The pharmacy is, therefore, an ideal point from which to disseminate information about healthy living and health promotion.

Health promotion has gained in prominence because of the Government's new health strategy (Table 1), which focuses on promoting healthy behaviour to combat the main causes of mortality in the population. National Health Gain targets have been set in key areas with suggestions on how the targets can be met.

The NHS is committed to achieving these targets by focusing on measurable improvements in health, being people-centred and making cost-effective use of available resources. The recent White Paper, 'Choice and Opportunity', offers flexibility to pharmacists and health authorities/boards in the provision of other pharmaceutical services, and has advocated a role for community pharmacy in health promotion.

Health promotion can be defined as the process of enabling people to take greater control of their health to improve it.

Why the pharmacist?

The community pharmacist is a much under-used resource, but is, however, in a key position to play an important role for a number of reasons.

1 Accessibility

Six million visits a day, on average, are made to community pharmacists throughout the UK and no appointment is necessary.

2 Credibility

The public perceive pharmacists as being knowledgeable on all aspects of drugs and related health matters.

3 Perceived relevance

The public perceive that healthcare professionals are the right people to give advice and information on all aspects of healthcare.

4 Opportunity

The pharmacist has the chance for one to one contact with the patient. This means that not only do they have a chance to impart knowledge, but also to ensure that the information is received and understood.

When to intervene

There are many opportunities for community pharmacists to communicate health promotion messages. These can be initiated at different stages and on a number of different levels.

1 Primary prevention

To prevent the onset of disease and to reduce the incidence. This focuses on the pharmacist encouraging healthy behaviour.

2 Secondary prevention

To prevent the development of existing disease, minimising severity and reducing prevalence. This focuses on the pharmacist persuading people to use screening services, adopt self-care techniques, seek early diagnosis and treatment, and comply with medical treatment recommendations.

3 Tertiary prevention

To prevent deterioration, relapse and complications. This focuses on ensuring compliance.

The change process

The model shown in Table 2 shows the process by which people change their behaviour.

- **Not interested in change**

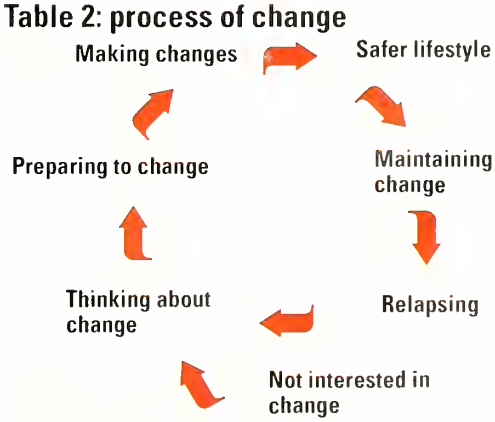
Many people are not interested in changing their behaviour. The pharmacist's main objective is to convert the contented individual,

Continued on P814 ▶

Table 1: key areas for National Health Gain

Key areas	England	Wales	Scotland	N Ireland
Coronary heart disease and stroke	✔	✔	✔	✔
Cancers	✔	✔	✔	✔
Accidents/injuries	✔	✔	✔	✔
Mental illness	✔	✔		✔
HIV/AIDS and sexual health	✔		✔	
Maternal and child health		✔		✔
Mental handicap		✔		
Respiratory disease		✔		✔
Physical disability and discomfort		✔		✔
Healthy environments		✔		
Emotional health and relationships		✔		
Dental and oral health			✔	
Child care				✔

Table 2: process of change



◀ Continued from P813

by education and reinforcement, into someone who is thinking about changing their behaviour.

- **Thinking about change**

The pharmacist can help an individual thinking about change to identify a time to change and give them confidence to do it.

- **Preparing for change**

Once an individual has decided that the benefits of changing behaviour outweigh the costs, they will start to prepare for change. They may need information from the pharmacist.

- **Making change**

The individual who has decided to change will need to make decisions to do things differently. A realistic plan of action is required consisting of goals, sub-goals and support.

- **Maintaining change**

The individual requires ongoing support to help them maintain change.

- **Relapse**

Inevitably, some people will relapse. The possibility of relapse should be discussed at the planning stage. This can be helpful as it means the relapse is not seen as a failure. Most people move back to thinking about going round the cycle again.

Getting started

There are a number of ways you can become involved in health promotion.

- Leaflets: pharmacists, as part of the professional allowance, must display health promotion leaflets. There should be a range of leaflets available to maximise the impact.
- Videos: this helps in communicating health promotion messages. 'Pictures of Health' is a monthly video distributed to healthcare professionals, specifically for viewing in waiting areas.
- Screening: pharmacists providing health screening, such as blood pressure monitoring and cholesterol screening, are in an ideal situation to offer health promotion advice to the public. Check with your local GPs before embarking on a screening programme, as it can be a sensitive issue.
- Consultation area: you can set aside a specific area in the pharmacy for consultation and health promotion.

And finally ...

As a healthcare professional with a high degree of contact with the public, the pharmacist is in an ideal position to communicate health messages associated with prescribed and purchased medicines, as well as lifestyle advice.

There is, however, a need to increase the pharmacist's involvement across a range of health issues, addressing not only national but local priorities.

The information tap

The public are bombarded with health messages, whether it is from Government campaigns, friends and family or media scares. Fawz Farhan finds out how pharmacists can channel the right information in the right way

Last year's Pill scare was a result of media scaremongering and misinterpreted data, and led to an unfortunate rise in unwanted pregnancies.

In their quest to take their health into their own hands, the public have become all too trusting of information given, sometimes overlooking the reliability of source. While friends and family, women's magazines and increasingly the Internet have become important ports of call for some people, the pharmacy remains the most reliable and accessible provider of health information on the High Street.

But how do the public deal with the wealth of leaflets and booklets in the pharmacy?

Paying the price

"Paid-for literature is more likely to be read, absorbed and kept. Free literature is more likely to be discarded," says Philippa Smith, spokesman for the Family Doctor Publications, which publishes the 'Family Doctor Series'. She believes people no longer expect to have to pay for health education literature, a trend which she blames on the abundance of free material around.

However, at $2.49 each, the 'Family Doctor' books cost less than a pack of cigarettes and around the price of a glossy magazine. "So they are affordable," points out Ms Smith.

Another reason why people may be willing to fork out for the series is the fact that it is not only readable and visually appealing but is also endorsed by the medical profession. The series was originally launched in the 1950s by the British Medical Association to reinforce information given during a consultation.

Surprisingly, though, it is distributed exclusively through pharmacies and not GP surgeries, simply because it is more practical to do so. "The next stop on from the surgery is the pharmacy where you still have a professional on hand with a huge role in counselling," says Ms Smith.

Working closely with the National Pharmaceutical Association, the publisher now distributes to around 2,500 pharmacies nationwide. The books carry a 35 per cent profit margin.

The HEA has published new information on immunisation

The 'Family Doctor Series' now boasts a library of 25 titles which the publisher is looking to almost double, the latest additions being 'A Survivor's Guide to Alcohol' and 'A Survivor's Guide to Christmas'.

Reaching further

When it comes to distributing to pharmacies, the Pharmacy Healthcare Scheme is ahead in the game. Based at the Royal Pharmaceutical Society headquarters, the Scheme has produced and distributed 35 million healthcare leaflets to over 13,000 pharmacies since it was launched in 1986. And they are all free.

Naturally, Rubina Mohamed, project manager for the Pharmacy Healthcare Scheme, disagrees with the notion that free literature is taken for granted and consequently discarded. "The argument can go both ways. The reason it's free is that we get a grant to produce the material and this material should be accessible to everybody." The literature, adds Ms Mohamed, should act as a reminder for people to look after their own health and to seek professional help where appropriate. "They also highlight that pharmacists have a part to play in health education."

In April of this year, the funding and administration of the Scheme, which is chaired by the Society's head of practice, Roger Odd, was taken out of the hands of the Health Education Authority, a move for the better says Ms Mohamed. It speeded up the production and approval of literature and it also meant the Scheme had more control over how the money was spent.

At the same time, the Scheme won a three-year contract from the Department of Health (worth $300,000 per annum) to develop activities to support health promotion through pharmacy. The

Continued on P816 ▶

Different events were held to mark World Mental Health Day, October 10

PUT CONGESTION SUFFERERS OUT OF THEIR MISERY

- £1.2 million national television campaign starts this December
- Last winter's campaign produced 21% sales uplift*
- No more powerful OTC decongestant tablet exists
- So merchandise it where customers can see it
- Then help them to get unstuffed

THE MIGHTY

MU·CRON

Decongestant with Paracetamol

Fast relief from
- colds & flu
- sinus pain
- catarrh

Contains Phenylpropanolamine Hydrochloride & Paracetamol

PRESENTATION: Each Mu-Cron tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP. **Uses:** For the relief of sinus pain, nasal congestion and catarrh. For the symptomatic relief of influenza, erishness and feverish colds. **Dosage and Administration:** Adults and children over 12 years: One tablet up to four times daily, allowing four hours between doses. The maximum daily dose is four tablets. **Contra-indications, Warnings, etc. Contra-indications:** Severe heart disease, hyperthyroidism, diabetes, high fever. Patients with hypertension or receiving anti-hypertensive medication. Use during, or within 2 weeks of stopping, therapy with Monoamine dase Inhibitors. Concomitant treatment with sympathomimetic agents. **Precautions:** Caution in patients with closed angle glaucoma, prostate enlargement, during pregnancy or those receiving continual prescribed medication. **Legal Category:** P. **Product Authorisation No.** 2B/54/1. **Held by** Ciba-Geigy, Macclesfield SK10 2NX. **Distributed by:** Zyma Healthcare, Holmwood, Surrey RH5 4NU England. **Retail Price:** 12s £2.27, 30s £3.82. **Date of preparation:** November 1996.

Cron is a registered trademark 1196/MUC

*Nielsen M/A 96 v M/A 95

◀ Continued from P815

Scheme aims to have a strategy in place for health promotion in pharmacy and to research what the public want from health education. "We want to devise models which are not too onerous on pharmacists' time and resources, because they do not get training and locum allowances. These are obstacles that we need to overcome," says Ms Mohamed.

Topics for the next two to three years are currently being identified. The leaflets for 1996-97 cover the following topics:

- Safe tanning
- Know your medicines
- Medicine management for the elderly
- Depression
- Contraceptive advice for teenage girls
- Sexually transmitted disease
- Smoking cessation.

HEA goes for impact

The HEA campaigns have often been hard-hitting and striking, but, then again, with an annual budget of $42 million a year, it could afford to go to the top advertising agencies. The John Cleese anti-smoking ad and AIDS/HIV 'tombstone' ads of the 1980s are only two of a string of memorable campaigns.

The HEA is a special health authority within the health service, with a statutory responsibility to advise the Government on health education issues.

The most expensive campaign launched this year targeted drug abuse, with $5m allocated per year for three years. The other high-profile campaigns were on physical activity and folic acid.

So how does the HEA decide what goes on screen and what goes in print?

Richard Hunt, deputy head of press and public relations, says the media used is tailored to what is being said and who it is being said to. "All our campaigns are integrated. With the drug [abuse] education we did not go down the TV route because it was better to go for more targeted press work. We used TV with the physical activity campaign because it targets every member of the community."

The HEA measures the success of its campaigns with market research, media review and evaluation of health statistics. In Mr Hunt's opinion, the fact that this country has the lowest incidence of AIDS in the whole of Europe is a reflection of the success of its ongoing AIDS/HIV campaign.

Selling those leaflets

- Display in prominent position – preferably near the dispensary to attract browsers waiting for their prescriptions.
- Keep display stand full and uncluttered.
- Hold a wide selection of titles and rotate to attract new interest – bear in mind special needs of customers in the area and health promotion weeks.
- Go for thematic displays for extra impact.
- Match the literature with the product – display folic acid information in the family planning section.

ABPI view

The Association of the British Pharmaceutical Industry (ABPI) has just published the third edition of the 'Compendium of Patient Information Leaflets', which now includes 530 publications – 100 more than last year's edition.

This upsurge has probably been fuelled by the patient pack programme, which aims to ensure that, by the end of 1998, every dispensed medicine should come in a patient pack accompanied by a patient information leaflet.

The die-hard healthcare professionals who think that too much medical information in the hands of the general public is dangerous are, fortunately, few and far between these days.

The Medicines Control Agency sets guidelines on what to include in the leaflets, taking care not to be alarmist when it comes to adverse reactions and side-effects. They also have to be readable and easy to understand, with some manufacturers even going as far as earning themselves the 'Crystal Mark of Clarity'.

In fact, at the beginning of this year, the ABPI launched a voluntary code for its members to supply Summary of Product Characteristics to patients, but ABPI spokesman Richard Ley thinks the information is too technical to interest individual patients. More likely it will appeal to patient groups who have the medical expertise. "The information should be there to allow people to make a choice."

Mr Ley stresses that the leaflets are not intended to replace professional information but to reinforce it. "Patient information leaflets aren't meant to take the place of advice from healthcare professionals. It is meant as a supplement [to such information] and a reminder."

The ABPI has just published a the third booklet in the 'Target' series, looking at single disease states, aimed at the public and their carers. 'Target Osteoporosis' follows in the footsteps of 'Target Cancer' and 'Target Epilepsy'.

Doing it for themselves

One of the key areas in the Pharmacy in a New Age initiative is health promotion. The Royal Pharmaceutical Society recognises that many pharmacists are already involved, either through their local health authority or through initiatives with other healthcare professionals.

However, the Society does not want to stop there and makes this clear in the 'New Horizon' document: "The Council believes that pharmacists could make a greater contribution. Those responsible for deciding health policy and managing health services need to be shown why this should, and how this could, happen," it says.

Various health authorities and health boards have been highlighted to see what they are up to in terms of health promotion initiatives. This is not an exhaustive list, but a taster for what's going on.

- **Redbridge & Waltham Forest**

Smoking cessation advice project started in June to evaluate the training needs of pharmacists. The 26 community pharmacists who enrolled attended a training day on smoking behaviour, counselling skills, use of nicotine replacement therapy and data collection. Further initiatives are planned next year on coronary heart disease and sun care/skin cancer awareness.

- **Enfield & Haringey**

In April, a pharmacy health promotion steering group was formed to raise awareness on local and national health promotion campaigns, and to encourage a multidisciplinary approach to health promotion.

Training needs of pharmacists are also being investigated and the group will advise the HA on how best to use its resources for health promotion.

For National Asthma Week (October 7-13), each of the 105 community pharmacies was sent a pack containing leaflets, details of local events and information on how to promote their role.

- **Morecambe Bay**

In July, the HA obtained funding from North West Region for installing counselling areas in four community pharmacies. However, the criteria to obtain this funding were participation in four health promotion campaigns each year and to audit the effect.

- **Lambeth, Lewisham & Southwark**

The Open Door to Health is a two-year project designed to stress the accessibility of the community pharmacist as a source of information and advice.

An accredited intensive training programme (locum fees reimbursed) covers core health promotion knowledge and skills, as well as involvement with multidisciplinary teams. Topics include smoking cessation, child health, health in pregnancy, asthma management and travel

The pharmacist is seen as a reliable source of health information and often has a wealth of leaflets and booklets at his fingertips

health. The pharmacist health promotion facilitator follows this up with individual support, and evaluates the activities and campaigns pharmacists participate in. A similar training course is being developed for pharmacy counter assistants.

● **Barnet**

The Barnet High Street Health Scheme, originally begun in 1991, was sponsored by the family health services authority, the Department of Health and local charities, and aimed to achieve a co-ordinated approach to the health promotion advice given to the public by pharmacists.

A series of seven accredited one-day seminars were set up for pharmacists, which have been followed up with six-monthly top-up courses. So far, half the contractors in Barnet and a number of locums have taken part.

Since 1994, funding has come from the HA's Primary Care Development Fund, which has also funded leaflet stands and consultation areas in pharmacies.

● **Kingston & Richmond**

A PAS (Pharmacists Against Smoking) smoking cessation package has been set up for 15 pharmacies. There is also some health promotion and education as a result of domiciliary visits involving ten pharmacies.

● **Greater Glasgow**

There is a general support package on health promotion for community pharmacists. Locality-based facilitators link pharmacists with the Board's health promotion department. There is also a two-day training programme introducing health promotion and specialised one-day training on oral health, nutrition and smoking cessation. A health promotion training programme for pharmacy assistants is being evaluated.

Funding for the appointment of health promotion facilitators, training programmes and the health promotion resource manual comes from the local Health Board.

The Health Education Board for Scotland has given financial support for the Pharmacy Healthcare leaflets, and development and training for National Smile Week next year. Funding has also come from the Scottish Office Health Department support for primary care development projects.

● **Avon**

Avon HA has commissioned the local health promotion service to work with community pharmacy on physical activity, which ties in with the HEA's own campaign, and smoking cessation.

Funding has come from underspends from certain budgets as there are no finances available specifically for health promotion and education.

Celebrities Bill Owen and Claire Rayner (far right, Roger Odd) help launch the Pharmacy Healthcare 'Medicines, made to measure' leaflet

● **Bedfordshire**

The 'Help Scheme' (Health Advice from the Local Pharmacy) – in its third stage – provides pharmacists with a one-day training scheme on the basics of health promotion and lifestyle changes. Follow-up evening meetings cover specific disease states and associated health promotion counselling. Areas covered include: diabetes, continence care, cardiac heart disease prevention, women's health, HIV and AIDS, drug misuse and terminal care.

● **Berkshire**

Community pharmacists have embarked on a health promotion initiative, called 'Healthy Bodies in Berkshire'. This consists of a series of three-monthly campaigns, such as: Healthy Lungs, Health Hearts, Healthy Minds, Healthy Sex and Medicine Cabinet, Friend or Foe?

● **Birmingham**

An accreditation scheme which addresses the Health of the Nation targets is one of its criteria. There are three elements to this part of the scheme. Pharmacists complete the CPPE health promotion distance learning pack, display specific leaflets, give health promotion advice and attend a course on smoking cessation which enables them to develop an action plan to set up a smoking cessation programme in their pharmacy.

● **Dorset**

In Dorset's accreditation initiative, community pharmacists received training on health promotion. This has been further developed when the pharmacists took part in a smoking cessation pilot. Pharmacists and pharmacy assistants received training on providing a smoking cessation service based on the PAS model and the service was then advertised to the public through newspaper, radio and local TV. Smokelyzers were also provided to monitor carbon monoxide levels. The pilot proved so successful it was re-run for National No Smoking Day. Since then the number of participating pharmacies has increased.

The Council believes that pharmacists could make a greater contribution to health promotion

Going nationwide

● The PAS Smoking Cessation Model: this has been adopted by a number of HAs as a health promotion initiative. The West Glamorgan Health Promotion Initiative is about to be rolled out into Dyfed and Powys Health Authority. Pharmacists have received general health promotion training and resource packs on a number of topics, such as oral health, smoking cessation, communicable diseases and infestations, and mother and child health. The health promotion unit along with the local National Pharmaceutical Association co-ordinator, is now putting together a specific smoking cessation package using the PAS model. The aim of this project is to evaluate the impact of the process of change model in helping pharmacists implement the PAS model.

● Counselling areas: a number of HAs and boards, including: Merton, Sutton & Wandsworth, Croydon, Liverpool, Lothian, Lanarkshire and Fife have allocated funding to either establish personal advice areas in community pharmacies to increase the health promotion work undertaken by pharmacists, or to audit and evaluate the effectiveness of the pharmacy as a focus for health promotion. In Lanarkshire, a dental health educator and dietician will be available, based in a counselling area in the pharmacy, for two and a half days a week to give advice to the public.

Competition

Lemsip's 12 Weeks of Christmas – Week 10

In the tenth week of the Countdown to Christmas campaign, why not have a well earned night out, courtesy of Reckitt & Colman? This week, you and a guest can choose from one of the many theatreland Christmas shows that are on throughout the winter season. To win, simply answer the question below.

As you will notice, the Christmas period sees a sharp increase in the incidence of colds and flu. This is a result of mass movement of the population 'home' for Christmas, and people exposing themselves to many different viruses, which multiply well in that cosy 'in front of the fire' atmosphere.

Q In what year was the largest flu epidemic? Was it:

a) 1918?

b) 1957?

c) 1984?

Send your answer on a postcard to: Lemsip/*Chemist & Druggist* Competition, Miller Freeman, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by December 28.

Make sure that you don't get caught out this Christmas. Stock up on cold and flu remedies NOW before it's too late.

See you next week. Watch this space!

Lemsip is manufactured by Reckitt & Colman Products at Dansom Lane, Hull HU8 7DS from whom further information is available on request.

Lemsip is a trademark.

Rules

1 The competition is open to pharmacists only. 2 Only one entry per person written on a postcard will be accepted. 3 The competition is not open to employees of Reckitt & Colman, Miller Freeman or their agencies or relatives. 4 Entries received after December 28, 1996, will not be eligible. 5 The first correct entry drawn at random after the closing date will be awarded the prize as stated. 6 The judges' decision is final and no correspondence will be entered into. 7 Reckitt & Colman reserves the right to use any submissions for future publicity. 8 No cash alternative will be offered. NB Entries will be drawn after two weeks – any late entries will not be eligible.

DoE to consider rate relief scheme for rural pharmacies

Rural pharmacies may soon be able to benefit from a discretionary rate relief scheme, according to the Pharmaceutical Services Negotiating Committee.

Pharmacies in villages with a population of 3,000 or less could qualify for the scheme, under which they could be exempt from up to 100 per cent of their annual rates bill.

The Local Government and Rating Bill proposes the introduction of a rate relief scheme for a range of rural businesses. An amendment to include pharmacies in the scheme, drafted by PSNC and tabled by the Plaid Cymru MP for Caernarfon, Dafydd Wigley, was debated at the Bill's committee stage last week.

Minister for Local Government, Housing and Urban Regeneration David Curry MP has promised to investigate whether to go a step further, and include pharmacies within the mandatory relief scheme.

Under this scheme, local authorities would then be required, by law, to exempt them from 50 per cent of their rates bill, and to top up that exemption to 100 per cent, at their discretion.

Mr Curry asked that Mr Wigley withdraw his amendment for the time being, referring to the Essential Small Pharmacies Scheme. He told the committee: "I will investigate the problem that I have outlined – the extent of the [ESP] scheme's coverage and whether it leaves a gap, and I will then write to members of the committee, spelling out my intentions.

"I will either commit myself to introducing an amendment, or the honourable gentleman [Mr Wigley] will have time to return to the matter of the report if he does not like the Government's response."

Following the publication of a Department of the Environment consultation paper in May, PSNC argued that rural pharmacies should be included in business rate relief for village shops.

The Government is expected to re-open the issue during the report stage of the Bill early in the new year. PSNC will issue guidance to local pharmaceutical committees once the Bill has been approved by parliament.

LIG feels weight of £8.4m restructuring

London International Group saw an $8.4 million restructuring bill in the US cut pre-tax profits by 80 per cent to $1.3m in the six months ended September 30.

Underlying pre-tax profit before exceptional items was up 46 per cent to $9.5m, reflecting continued growth in the group's core products, said LIG's chief executive, Nick Hodges.

The $8.4 was attributable to US re-organisation costs, announced at the time of the Aladan acquisition. No further significant costs are anticipated.

Group sales were up 5 per cent to $158.1m, including an $18.2m contribution from the acquisitions of the Androtex condom brand, and the Aladan condom and examination gloves business.

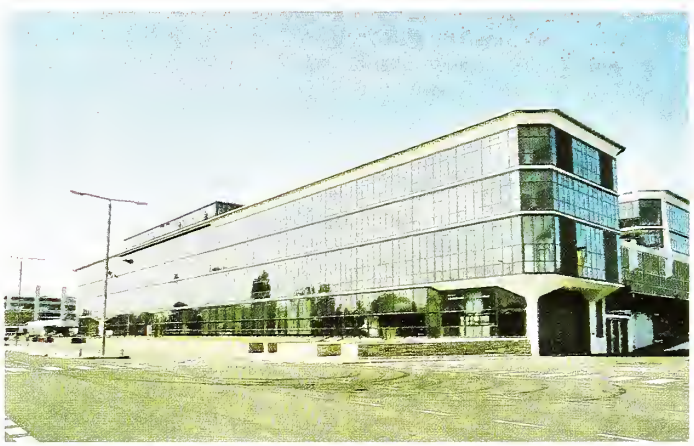
Sales in the family planning division increased 12.4 per cent to $59.5m, bolstered by strong branded condom sales performances in Northern Europe and Asia Pacific, up 28 per cent and 47 per cent respectively.

A LIG spokesman said plans for the US roll-out of the Durex Avanti condom are progressing well and on schedule for a March launch.

Overall, medical glove sales grew 57.1 per cent to $41.8m, fuelled by a 13.7 per cent rise in surgical gloves sales.

A change of distributor in Germany caused a drop in sales of industrial gloves to $11.4m.

The interim dividend is up 40 per cent to 0.7p.



Boots Contract Manufacturing's headquarters in Nottingham has won the Royal Institute of British Architects 1996 award for conservation. Earlier this year, the building was also awarded a Europa Nostra medal, the highest award in Europe for architecture of particular historical significance

Chemex heads North

Manchester is set to play host to a satellite version of Chemex early next year.

Organised by Miller Freeman Exhibitions, the show will take place on March 9 at the University of Manchester's Armitage Centre in Fallowfield.

The show will have all the elements of Chemex Olympia, with the attendance of key exhibitors and suppliers, and the National Pharmaceutical Association. It will be sponsored by *Chemist & Druggist*.

The organiser says the show will "provide a good day out for pharmacists to see new product lines and services in the pharmacy sector".

The timing of the show may also coincide with new legislation on Original Pack Dispensing in March and there are provisional plans for seminars on this subject at Chemex North.

The show is very accessible, being only ten minutes by taxi/shuttle bus from Manchester's Piccadilly railway station and ten minutes from the Mancunian Way by car.

For further details, telephone exhibition manager Rebecca Start on 0181 302 8585.

Put your business in focus

Does your business have potential? Are you searching for ways to boost turnover and profit? *C&D* is looking for pharmacy businesses to feature in its popular **Business In Focus** series. Experienced pharmacy consultant John Kerry will visit your business and look at how it can be improved. His analysis is published in *C&D*, but your anonymity is assured. If you want your business to be reviewed, write in confidence to Guy L'Aimable, business editor, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW, or phone 01732 364422 ext 2231.

Hoechst appoints Shire

Hoechst Marion Roussel has appointed Shire Pharmaceuticals as its UK distributor for specialist gynaecological products.

Full of admiration

Smithkline Beecham took top honours in the health and household sector in this year's survey of 'Britain's Most Admired Companies'. SB was seventh, followed by Glaxo Wellcome (11th) and Zeneca (22nd). Tesco was the overall most admired company.

H&B's 400th store

Holland & Barrett has opened its 400th store. The new outlet in York is one of four planned for this year. The company anticipates another 50 will follow next year, with 600 by 2000.

Lloyds on Panorama?

The BBC's Panorama is understood to be examining a dispute between Lloyds Chemists and Pradip Pattni of Ideal Health on December 9. Mr Pattni obtained a judgment against Lloyds earlier this year, but Lloyds is appealing and the case is due to be heard in July 1997.

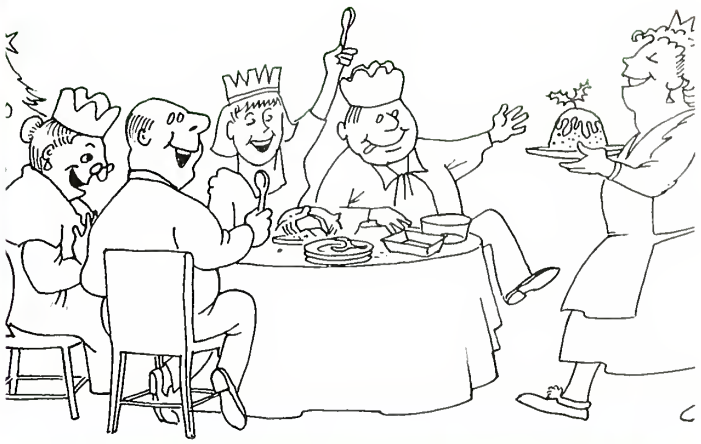
Support network goes live

A national support network, giving guidance on new information technologies to local businesses has been set up under the DTI's Information Society Initiative Programme for Business. Telephone 0171 592 3109.

Award nominations

The deadline for nominations for the Chiroscience Industrial Achievement Award is January 22. Send entries to the Pharmaceutical Sciences Group, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

Don't let indigestion hamper Christmas fun



Christmas is fast approaching, a traditional time to enjoy rich food and drink. But with 74 per cent of incidents of heartburn being food and drink-related, Christmas will be a real problem for many sufferers of indigestion.

Help is at hand. Pepcid AC, the acid controller, can give sufferers freedom from heartburn and indigestion, which can mean Christmas without discomfort and worry. Pepcid AC is now also available in a new convenient, chewable format giving pharmacists the opportunity to offer customers this unsurpassed class of indigestion treatment in an easily accessible form.

As the festive season gets under way, pharmacists all over the UK will be asked about indigestion and heartburn – second only to coughs and colds, this is the category about which advice is most often sought.

With one small tablet lasting through the day or night, Pepcid AC is the ideal Pharmacy only recommendation for sufferers who don't get the relief they need after taking antacids. One tablet of Pepcid AC can also be taken one hour before Christmas dinner when symptoms are known to be associated with food and drink, allowing sufferers to enjoy the traditional Christmas food and fun without the worry of heartburn.

Now available in a choice of formats, Pepcid AC is an essential part of the Christmas celebrations.

Christmas competition

We have a luxurious Marks & Spencer Christmas hamper for the winner of our Christmas competition to share with pharmacy staff, and we also have three smaller hampers to give to lucky runners-up.

All you have to do to enter is answer True or False to the three easy questions below and send the coupon to Pepcid AC Christmas Competition, *Chemist & Druggist*, Miller Freeman, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Competition entries must be received by December 15, 1996.

Questions

1 Most episodes of heartburn and indigestion are due to particular types of food that sufferers know will often cause their symptoms

True/False.....

2 Antacid tablets provide relief that can be short-lived

True/False.....

3 Having a disturbed night's sleep is often a problem for heartburn sufferers

True/False.....

Name.....

Address.....

.....

Pharmacy.....

Rules

1 The competition is open to pharmacists and pharmacy assistants. **2** Only one entry per person will be accepted, and entries must be submitted on the coupon. **3** The prize will be a Marks & Spencer Christmas hamper and will be awarded to the pharmacy of the first correct entry pulled out of a hat. **4** The competition is not open to employees of J&J MSD or Miller Freeman, their agencies or relatives. **5** Entries must be received by December 15 and judging will take place on December 17. **6** Proof of posting cannot be taken as proof of receipt. **7** No purchase is required to enter the competition. **8** The names of the prize winners will be available from J&J MSD after December 18. **9** No correspondence will be entered into. **10** The judges' decision is final. **11** J&J MSD reserves the right to use any submissions for its future publicity. **12** No cash alternative will be offered. **13** Entry into the competition is taken as acceptance of the rules.

Abridged Product Information

Pepcid AC: Chewable tablets containing famotidine 10mg. **Pack size:** 8. **Dosage:** Adults and children over 16 years: Chew tablet for symptomatic relief or chew tablet one hour before food or drink known to provoke symptoms. Maximum intake 2 tablets in 24 hours. Maximum period of use 2 weeks. **Uses:** For the short-term symptomatic relief of indigestion, heartburn and excess acid. **Contra-indications:** Hypersensitivity to any component. **Warning and Precautions for use:** Should not be taken unless advised by a physician by the following patient groups, moderate renal failure of severe hepatic impairment; under medical supervision for any other illness or need for any other medications, middle-aged or over with new or recently-changed dyspeptic symptoms, or associated unintended weight loss. Patients with persistent symptoms or difficulty swallowing should seek medical advice. **Drug interactions:** No drug interactions of clinical significance have been identified. **Side-effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency less than 1 per cent. Other side-effects, including dry mouth, nausea, constipation, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg/day for over 1 year were well tolerated in patients with severe hypersecretory conditions. **Product licence number:** PL 0025/0313. **RSP:** 8 chewable tablets, £2.49, 2 chewable tablets, £0.49. Pharmacy only distribution. ® indicates registered trademark of Merck & Co, Inc, Whitehouse Station, NJ, USA. © Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Loudwater, Buckinghamshire HP10 9UF.

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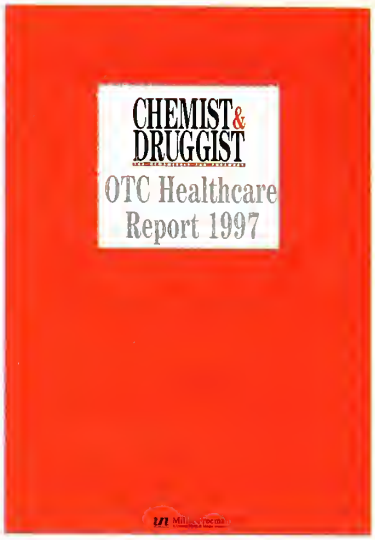
THE CHEMIST & DRUGGIST OTC HEALTHCARE REPORT 1997

The Definitive Market Report on OTC Medicines in the UK
In Association with MTI Ltd



Miller Freeman, publishers of the leading pharmacy magazine Chemist and Druggist, is to publish the definitive report on the UK over-the-counter pharmaceuticals market - The Chemist & Druggist OTC Healthcare Report '97. This detailed 350 page report, which has been produced in conjunction with the leading healthcare market research company Market Tracking International, contains both a comprehensive analysis of the developments currently influencing the total market and a series of individual studies of the main OTC categories.

OTC medicines represent an increasingly attractive market as the pharmaceutical industry faces challenges in its main ethical drugs business from cost controls amongst health authorities right across Europe. Growth in private expenditure on OTC medicines fits well with government initiatives to reduce pressures on the NHS drugs bill, while the scope of the OTC market has been widened by switches from Prescription Only Medicine Status to P (pharmacy only status), or from P to General Sales List status, for an increasing number of drug products. At the same time, with resale price maintenance in OTC medicines currently under direct pressure from some of the UK's powerful grocery multiples, and with the pharmacy trade about to see further consolidation in the imminent sale of Lloyds Chemists, this report appears at a particularly appropriate time for the dynamic OTC healthcare market.

Market Intelligence from the Forefront of the OTC Healthcare Industry

Miller Freeman is the largest and most important source of news and information on the OTC healthcare market and pharmacy retailing in the UK. Market Tracking International is one of the leading market research organisations in the healthcare field, and has previously worked with Miller Freeman on the *UK OTC Healthcare Report 1994/1995*, *European Healthcare Markets 1996*, and the *Miller Freeman Pharmacy Surveys 1994* and *1995*.

Key features of the report

- **Analysis of total market size and trends**
- **OTC medicines and the NHS drugs bill**
- **Impact of POM to P switching**
- **Resale Price Maintenance Issues**
- **Detailed price trends by category**
- **Profiles of 28 product sectors, including retail sales trends, market segments, advertising, brand leaders and future prospects.**
- **Profiles of 25 major companies, including acquisition and merger strategies**
- **The role of drugstores and grocery multiples**
- **European OTC Pharmaceutical Retailing Patterns**
- **Market forecasts - the total OTC medicines market and individual product sectors 1997-2000**

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Cough treatments; Cold treatments and decongestants; Sore throat remedies; Oral analgesics; Vitamins, minerals and food supplements; Medicated skincare; Indigestion remedies; Oral hygiene; Laxatives and anti-diarrhoeals; Smoking cessation products; Hayfever remedies; Topical analgesics; Stomach upset and travel sickness remedies; Eye care; Sleeping and calming products; Haemorrhoid treatments; Gynaecological products: Ear care; Cystitis treatments; Worm treatments; Pregnancy testing; Footcare; Natural medicines; Contraceptives; Sanitary protection; Baby products; Depilatories.

Section Six -
OTC Healthcare Distribution
Section Seven -
Company Profiles
Section Eight -
The European Context
Section Nine -
The Future Outlook for OTC Healthcare

350 pages packed with up-to-date analysis of the major issues influencing the future of OTC healthcare in the UK, plus extensive market information and data on all the main product categories, makes this THE most comprehensive and cost-effective market research report available on the OTC Healthcare sector today.

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Bids in for Lloyds

The battle lines have been drawn by the two protagonists bidding to take over UK pharmacy chain Lloyds Chemists.

German pharmaceuticals distributor Gehe is bidding $650 million. According to the *Financial Times*, rival suitor Unichem's cash and share offer on Monday's close of 249.5p values each Lloyds' share at 491.5p and the company at a total of $658.5m.

This week, Gehe claimed Unichem was putting its own shareholders at risk with an offer which it said would dramatically increase debt ratios.

Gehe chairman Dieter Kämmerer says: "By making a largely share offer, Unichem is exposing Lloyds Chemists' shareholders to an uncertain future earnings stream and uncertain value.

"It is easy for Unichem to claim earnings enhancements in 1998: achieving it is a different matter," adds Mr Kämmerer.

The German company's claims on Unichem's gearing came in its offer document posted to Lloyds' shareholders.

However, the British company has rejected Gehe's statements that it is jeopardising the position of its shareholders.

Jeff Harris, chief executive of Unichem, says: "Gehe is trotting out the same tired old themes. Contrary to all Gehe's earlier protestations of the diminishing value of Lloyds Chemists, its bid of 500p reinforces our consistent view of the underlying value of the company."

Unichem maintains that its acquisition of Lloyds, if successful, will create a market leader in healthcare retailing and distribution in the UK, which it expects to deliver "both strategic and financial benefits".

The posting of the offer document confirms the bid timetable. The final closing date for both offers is now January 31. Both companies have until January 17 to revise their offers.

Seton pays £3.75m for Metrotop

Seton Healthcare has added to its portfolio of POM products with the $3.75 million acquisition of the Metrotop gel brand for wound treatment.

The Oldham-based medical supplies company is buying the brand from Pharmacia & Upjohn.

Metrotop is a high technology POM for malodorous and fungating wounds. Sales topped $1m in the year ended December 31, 1995.

Seton's chief executive, Iain Cater, says: "This is an excellent acquisition for Seton which fits perfectly with our existing wound dressing and infection control range."

Numark Scheme gets under way

Numark has taken the first steps towards its new management training programme for pharmacists with a $25,000 cash injection from its partners in the initiative, Smithkline Beecham Consumer Healthcare.

The scheme will start in 1997 and offers two options to pharmacists: a postgraduate certificate at John Moores University School of Pharmacy in Liverpool or a level 4/5 NVQ in management as a correspondence/residential course.

Charges for the courses will range from $800-$2000, although Numark is working to secure Government subsidies. Details are yet to be finalised.

United Drug's rights issue

United Drug has announced a $12.4 million rights issue alongside record sales and profits in the year ended September 30.

Fuelled by a strong performance from its pharmaceutical division, United Drug saw pre-tax profits rise 19 per cent to $6m on group sales up 15.8 per cent to $247.5m.

The company said the money raised from the rights issue would make acquisitions possible and strengthen the balance sheet.

Within the pharmaceutical division, United Drug Wholesale made strong advances in profit growth and market share. The division benefited from full-year contributions from recently-awarded agencies for Sanofi Winthrop, Parke Davis, Elan Pharma, Solvay, Zeneca and Leo Laboratories.

United Drug has also formed a pharmaceutical distribution business in Great Britain through the Unidrug Distribution Group, a joint venture with Unichem.

Sangers consolidated its position as the leading player in Northern Ireland in pharmaceutical and agency distribution, with retail sales up 15 per cent. New agencies were awarded by Parke Davis and Crookes Healthcare.

In the consumer products division, Pemberton Marketing reported strong profit growth, due to a combination of "focused brand and business development, and good cost control management". The agency for Johnson & Johnson was awarded to the OTC business.

Roche dispels rumours of takeover bid

Rumours that Swiss pharmaceutical giant Roche might be launching a takeover bid for Smithkline Beecham were fuelled by frenzied stock market activity at the end of last week.

According to reports in the *Financial Times*, Roche was seeking to put together credit facilities ahead of an acquisition strike, causing SB shares to jump 29.5p to 808.5p.

However, market analysts are sceptical that such a bid will emerge. James Culverwell, pharmaceutical analyst at Merrill Lynch, says that "on paper you can put together any two drugs companies". However, he adds that SB is in "extremely good shape" and would be "a very large mouthful for Roche". But, with the market in as good a shape as it is, he did not completely rule out the possibility of a takeover.

The current market value for SB is estimated at $25 billion.

Felix Raeber, a spokesman for Roche, says the company would not comment on any acquisition plans.

British Biotech submits marketing application

Following successful Phase III trial results, British Biotech expects to file a European marketing application for its first product, lexipafant, a treatment for acute pancreatitis.

The company intends to submit a Marketing Authorisation Application for the product – Zacutex – to the European Medicines Evaluation Agency by the end of March.

"This will be British Biotech's first MAA and is an important milestone along the way to building an international pharmaceutical company," says a spokesman.

A second Phase III trial of Zacutex is continuing in the US. It is expected to be completed in mid-1997, and, if the results are positive, to lead to a New Drug Application to the US Food and Drug Administration.

The company says it has also made "excellent progress" with its new anti-cancer drug, marimastat, which is in the last stage of clinical testing.

First Filter to give companies helping hand

A market evaluation service for the healthcare industry has been launched by London-based First Filter.

The service is designed to provide "first approximations" to help individuals involved with new product development and licensing "take more informed business and investment decisions".

The assessments will be based on examinations of published epidemiological data, sector reviews, market reports and company announcements, and will provide estimates of volumes and values for any healthcare market.

First Filter is headed by directors Dick Bower, Angus Hodge and Andrew Mills, former business development manager (Europe) for Wellcome.

COMING EVENTS

TUESDAY, DECEMBER 10

Eastbourne & District Branch, RPSGB
'Quiz Nite' at the Eastbourne District General District Hospital, 8.00pm.

Hertford & District Branch, RPSGB
Smithkline Beecham, Welwyn Garden City, 'Christmas Fun' evening.

Leicestershire Branch, RPSGB
For venue see Christmas newsletter. Christmas quiz evening at 8.00pm.

North Metropolitan Branch, RPSGB
The School of Pharmacy, Brunswick Square, London WI, at 8.00pm. 'The menopause, HRT and osteoporosis' by R Hallworth.

THURSDAY, DECEMBER 12

Glasgow & West of Scotland Branch, RPSGB
Private dining room, Western Infirmary, Glasgow. Christmas social and wine tasting with Dr James Steel.

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ABOUTpeople

Investing in the community

Last week, £19,000 was presented by the Lincoln Co-op Chemist Healthcare Fund to local organisations and individuals with the aim of benefiting patients in the community.

The Lincoln Co-operative Society, the fund's parent body, says that by doing this it is investing in the community, and returning part of the profit generated by its trading activities.

The fund was initiated in 1994 and has so far distributed in excess of £50,000 to community projects.

"It shows that community pharmacy is for the good of all patients," says the Co-op's superintendent pharmacist, Peter McCree.

Eighteen local Co-op pharmacists helped distribute application leaflets in their pharmacies.

The applicants include private individuals, caring associations, surgeries, local branches of national organisations, NHS trusts and others.

The only criteria used in judging the relative merits of each project are that it should be of direct benefit to patients in the community.

The fund sends posters to all surgeries, pharmacies and libraries in the county, inviting people to apply for funding. This year 70 applications were received.

Excellent advice and a friendly sales technique have led to a weekend break for two in Paris for pharmacist Nicola Lancashire of the United Norwest Co-op group's Williams pharmacy in Oldham. Nicola, seen here with the group's pharmacy operations manager, John Nuttall, was the top-scoring pharmacist in the chain's recent mystery shopper survey. Mr Nuttall says that the survey was introduced to ensure that customer service standards were as high as possible

BHF keeps heart disease on the run

The British Heart Foundation is looking to sign up pharmacists to pound the streets in next year's Flora London Marathon.

The BHF is one of the two official charities of the race, to be held on April 13. Last year, 78 pharmacists helped to raise money for the charity.

Pharmacists joining the BHF's Heart Runners team will receive a sponsor pack, including a T-shirt or running vest, fundraising tips and an invitation to a post-race reception at London's Sports Cafe.

The charity hopes to raise over £1 million. Any pharmacists wishing to join the Heart Runners team should call Freefone 0800 106019.

RPSGB awards ten new fellowships

Community pharmacists Christine Glover, John Hall and Robert Gartside are among ten people who have been designated as Fellows by the Royal Pharmaceutical Society this week.

The full list of new Fellows, ratified by Council this week, is:

- Christine Clark, chief pharmaceutical officer, Salford Royal Hospitals NHS Trust
- John Hall, Research director and dispensary manager, Dixon & Spearman Ltd
- Kathleen Parfitt, Editor of Martindale, the Extra Pharmacopeia
- John Smith, responsible for promotional affairs at Zeneca Pharmaceuticals
- Christine Glover, RPSGB Council member and Edinburgh pharmacy proprietor
- David Bolton, director of primary care development, Lothian Health Board
- Robert Gartside, until recently a proprietor, now a pharmacy manager and member of Welsh Executive
- David Cowan, professor of pharmaceutical toxicology, King's College, University of London
- Thomas Muir, recently retired as reader in pharmacology at Glasgow University
- Malcolm Frier, principal pharmacist, Queen's Medical Centre, Nottingham University Hospital NHS Trust.

Wedding bells for Toepedo winner

Michael Aston, owner of the Aston Pharmacy in Shenley Green, Birmingham, has won first prize in a Toepedo counter display competition draw.

He plans to use the £1,000 to help finance his wedding to fiancee Julie Hodge next year.

"We are planning a small wedding, but they can be very expensive, so the prize will be a great help," he says.

He was presented with his cheque by Mike Tomlinson, sales representative for Toepedo's distributor, Dendron.

Michael Aston in high-stepping form as he waves his cheque, from Mike Tomlinson, in delight

Burgled pharmacist with something to smile about

Pharmacist John Brewis, owner of Brewis' Pharmacy in Berwick-on-Tweed, Northumberland, has won a trip for four to Kenya.

However, he nearly threw away water-damaged stock containing the winning 'golden' sticker from Vantage's support programme, Pharmacy Patrol, after a burglary at his shop.

Luckily, he inspected the boxes, saw the contents and confirmed his win with Vantage.

"I was totally shocked when I found out I had won. I've never been on safari and I'm really looking forward to the trip, although my wife is a bit worried about all those injections," he says.

The competition was run as part of an eight-month promotion to help Vantage members build up their businesses and provide general support for their pharmacies.

The programme has also raised £10,000 for the charity 'Care for the Wild', which re-introduces orphaned elephants into the wild.

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Make a big splash with new Oilatum Junior.

New Oilatum Junior is the exciting new addition to the trusted Oilatum family – and because it makes treating eczema child's play it's going to be popular with mums and profitable for you.

Oilatum Junior soothes away the irritation and relieves itching by re-hydrating the skin and then helps to protect against further drying.

Unlike ordinary bath oils that float, it mixes thoroughly with water, forming an inviting milky bath which treats the whole body. And it contains the emollient ingredient most often prescribed for eczema by dermatologists and GPs.

Formulated especially to treat children's eczema or similar dry skin conditions, Oilatum Junior is fragrance free, hypoallergenic and cleanses without soap to be kinder to children's and babies skin.

We're making sure Oilatum Junior is kind to your business too, by supporting its launch with our biggest ever national advertising campaign.

£3/4 MILLION ADVERTISING SPEND

The No.1 bath emollient brand is now taking care of children's eczema, make sure you take care to stock and display new Oilatum Junior.

Oilatum Junior

ALWAYS READ THE LABEL. OILATUM JUNIOR CONTAINS LIGHT LIQUID PARAFFIN.

Product information. Presentation: Oilatum Junior is an emollient bath additive, containing Light Liquid Paraffin 63.4% w/w. **Uses:** For the treatment of dry dermatitis, senile pruritis, ichthyosis and related dry skin conditions. **Dosage and administration:** Always use with water, either, added to the bath or applied to wet skin. Infant bath; add 1/2 to 2 capfuls to a small bath of water apply over entire body with a sponge. Pat dry. Child bath; add 1-3 capfuls to an 8 inch bath of water. Soak for 10-20 minutes. Pat dry. There is no need to use soap. **Caution:** Take care to avoid slipping in the bath. Avoid contact with eyes. If unwanted effect occurs, stop using the product and consult your pharmacist or doctor. **Legal category:** GSL. **Retail price:** 150 ml £4.45. **Product licence number:** PL0174/0182. **Product licence holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks HP10 0AU. **Date of information:** June 1996.

The Two Millionth Bazuka is out there!

Look out for this special pack.

Less than a year and a half from its launch, the two millionth Bazuka pack is on its way to a pharmacy somewhere in Britain. If you can find it, a valuable mystery prize awaits you. Bazuka is already the CLEAR BRAND LEADER, dominating a market which has grown by more than 67% since Bazuka was launched just eighteen months ago! So watch out for the two millionth Bazuka pack – it could be heading your way soon.

A DIOMED PRODUCT DISTRIBUTED BY DENDRON